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## ORIGINAL ARTICLES.

### THE THERAPEUTICAL EFFECTS OF HOT WATER AND ITS USE, RATIONALLY CONSIDERED.\*

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*(Indocti discant, et ament meminisse periti.*

*"Content, if here th' unlearn'd their wants may view.*

*The learn'd reflect on what before they knew.")*

THERAPEUTICS in its scope should include all and every means known in science and experience for the prevention and cure of disease, and should be the superstructure and objective point of our science. All the collateral sciences are, in themselves, only in a measure adjuncts for the final decision as to *what is necessary to be done when the practitioner arrives at the bedside of the patient.* In this age of great inventions and events, new discoveries and new experiences are constantly being made, and as physicians we have certain duties that we must not neglect. We may indeed try and flatter ourselves that our science is perfect, but we all really know better, for alas! our science is far from perfection; it must be improved by careful observations constantly made and continued. Some are, indeed, so dogmatic as to assert that experience in medicine is fallacious: but such persons can hardly know what they say. Lord Bacon said, in speaking of physicians: "They be the best churgeons who being learned, incline to the traditions of experience, or, being empirics, incline to a method of learning." I will venture to quote two or three other practical aphorisms, from which we see that the older writers on medicine did not reject experience: "*Ex principiis nascitur probabilitas; ex factis vero veritas.*"

*"Ars medica tota ex observationibus."*

—HOFFMAN.

*"La médecine ne s'enrichit que par les faits."*

—BROUSSAIS.

With this little prologue, I will call your attention to the consideration of the therapeutics of hot water, and what experience has taught us regarding its use. It has been said that "the best therapeutic practice of the present day is a mixture of science and experience," and this is an assertion by no means inconsistent or untrue, as it is our duty to be conversant with all curative resources, so that we may leave no rational remedy untried. It is required of us to bring to the bedside a mind well stored with a

knowledge of disease, and likewise all the remedies for the same, an experience matured by observation, trials and experiments, mental powers well cultivated, active, vigorous and quick in perception—such principles, with the practice of *honesty*, will not fail to place the physician in the foreground, and among the most useful, trustworthy and successful of practitioners. The advances made in therapeutics during the past 20 years are certainly remarkable and encouraging; the doctor of the present day is required to be a man of learning and experience, as also one possessed of general information. When he goes into the sick-room it is his duty to well investigate his case, and to understand it, reasoning from the basis of cause and effect, antecedents and consequents; and he is a man not to be trusted in forming an opinion as to the requisites of the case if he is satisfied with only a single symptom, or even two or three subjective symptoms, and with these data alone forthwith proceeds to prescribe without having fully and completely, in his own mind, comprehended and mastered the abnormal physical conditions of his patient.

Added to a knowledge of diagnostics and pathology, the M.D. of the present day must understand *Materia Medica* and *Pharmacy*: soon, however, he will find by experience that many diseases require for their treatment very little drugging proper, but a great deal of tact and careful management.

Among expedients at hand, water, hot and cold, should receive his attention. The use of cold water in therapeutics is not new, but was brought prominently before the profession more than thirty years ago, through the zeal of an Austrian peasant, named Priessnitz, who has been called the founder of the "Water Cure."

We have outlived the "cold water cure" craze, the medical profession having long since fully recognized its virtue and benefits, and adopting it when practical. For the past few years, however, we have heard much of the curative effects of *hot* water. The use of both the Turkish and Roman bath we have been familiar with for the past 20 years, but the internal use of hot water has been greatly neglected by the medical profession. Bearing in mind all the advances made in the healing art, is it not remarkable that we find almost an absolute silence regarding its therapeutical uses when we come to look through the very latest standard works upon the practice of medicine?

\* Read before the St. Louis Society of Physicians and Surgeons, at their regular sitting at the Lindell Hotel, December 8th, 1884.

Not a chapter is devoted to it. In making this statement, I should except two works upon *Materia Medica*, viz.: Ringer's and Bartholow's, as they both have chapters extolling it highly.

For about two years past, we have occasionally seen communications in medical journals upon the drinking of hot water, and recommending its use in practice. A healthy man whose weight averages 154 pounds consists of about 75 pounds of water, and it is estimated that every 24 hours he throws off through the various excretions of the body about eight pounds of matter; six pounds of this matter is fluid or water, so that we may justly conclude that water has very much to do with what we take in, and with what we dispose of.

With these statements before us regarding the make-up of our mortal bodies, it would seem only timely for the profession to be well posted upon the indications for the use of water, heated, or in its natural state. We must admit, however, that until quite recently the profession have not awarded to hot water the place it deserves in therapeutics. Perhaps to Dr. Salisbury, of New York, is due the fact that our profession have recently given their especial attention to its curative effects; and we are glad to make mention of this, because the too frequent injustice of popular awards is a trite subject of remark. Dr. Salisbury was by no means the first to call attention to it, but he has been able to awaken the profession to acknowledge its merits. "There is nothing new under the sun," or, as Chaucer, in his quaint language says, "There is nothing new but has once been old," is a maxim which applies to inventions as well as to curative measures; "if they are born before their time, they must and will remain useless, until the level of common intellects rises to comprehend them."

More than 50 years ago a certain Dr. Walker, in England, published a series of medical essays, and among them was one upon "hot water and its uses in medicine." He extolled it as particularly excellent in quinsy when used as a gargle and frequently repeated. He says it acts almost "magically," but insists that it must be used *very hot*, and be frequently repeated, almost continuously, until relief comes. He tells us how he came to have his attention first called to it. He was travelling in England in olden time, in a mail coach, and was greatly suffering from an attack of what he supposed to be a common sore throat. When he reached the end of his journey, he called in a physician who informed him that he had a very bad quinsy, and the physician immediately ordered a kettle of hot water and recommended him to gargle with it as hot as he could bear it, and continually. "He remained with me two or three hours to enforce his prescription and I found

so much benefit from it that after he was gone I persevered till night, at which time I was enabled to take food without difficulty, and in the morning there was no trace of the attack, nor have I ever experienced another, though I was told it would most probably be the case. The medicine ordered me I did not taste, and the sole glory of my rapid and complete cure is due to the hot water. I have never had even a common sore throat since, or I should certainly try the same remedy, *though I never heard of its being applied.*"

Another English physician, Dr. Guy, who was contemporary with Dr. Walker, comments upon the faith of Dr. Walker in hot water. He seems to have been an "old fogey" (he has not a few followers at the present day), and says: "hot water could have no curative effect in such a case, but, through a happy coincidence, art earned the credit due to nature."\*

It seems that hot water acted quite as well 50 years ago as it does now, and that it was opposed by members of the profession then, the same as at this date. For many years past we have prescribed hot water gargles in acute tonsillitis, and our success has been similar to the experience of Dr. Walker as above quoted. Other remedies may be indicated during the attack, and we will mention one in particular, viz., guaiac tincture, applied locally to the tonsil, which is one of the best remedies, as an auxiliary to the hot water gargles. With an attack of quinsy we have more or less fever and nausea, for which we give copious draughts of tepid water, which will increase the nausea, and will soon produce vomiting and general relaxation, greatly to the patient's relief, and thus materially aid in aborting and cutting short the attack. Some years since we were at the Hot Springs of Arkansas to see a patient, and our attention was then accidentally called to the good effects of the drinking of hot water. Upon our arrival there early in the morning, the first thing we saw was that nearly every man coming from the Springs had a little tin pail on his arm filled with hot water, which, we were told, they were taking to their apartments to drink. We also noticed many patients at the springs drinking freely the hot water just as it came from the bowels of the earth, and they seemed to enjoy it. I tried the experiment myself, and found, to my astonishment, that I could drink a glassful or more; from that day to this I have, when affected with any gastric ailments, drank hot water, and ordered patients to drink it for a variety of complaints.

Regarding the indications for the use of cold water (externally), I presume the majority of the profession know infinitely more than they do of hot water. Paradoxical as it may seem, cold water and hot water

\* *Philadelphia Medical Times*, Vol. xiv., page 347, article by Dr. W. T. Parker.

may be applied for the same ailments; *e.g.*, in headaches, cold water has been used for time immemorial, to lower the temperature of the body, and thereby it will frequently produce relief. The modern therapist knows that cloths wrung out in hot water and applied hot as can be borne to the head, then covered with a dry towel to retain the heat as long as possible, and in about two minutes more the under cloth removed and dipped again in the very hot water, and re-applied, covered again with the dry cloth, will, in the majority of cases, by promoting a sedative action, effectually soothe the pains in the head far better than cold water applications. The majority of gastric headaches can be relieved in this manner, and soon the sufferer will feel the soothing and sedative effect of the hot water thus so easily applied. In the treatment of sick headaches, in addition to the external use of hot water, if the patient has nausea, it will be well for the practitioner to give warm water internally, insisting he shall drink several glassfuls of the same (it may require six or eight), at intervals of from one to three minutes apart, until enough has been given to increase his nausea, and very soon he will begin to vomit copiously, greatly to his relief. If the matters ejected show that the stomach is not yet "cleaned out," then give a second instalment of the warm water, or enough to make him vomit again. Should the pain in the head be severe, a foot bath of hot water may also be tried, which will in a remarkable manner assist in the cure. As an old practitioner, I can testify that I have treated hundreds in this way, and have had the pleasure of seeing them usually relieved. In functional derangements of the stomach, in gastric irritation, in indigestion, and in flatulence, in gaseous dyspepsia, and in almost any variety of dyspepsia, the use of hot water is frequently indicated, and when employed in a rational manner, it will produce effects that we cannot bring about by any other means. How does hot water act? When it is taken into the stomach a sensation of warmth is experienced, and it commences to produce a *downward peristalsis*, whereas, *warm* water will act in quite an opposite manner, and tend to bring on an *upward peristalsis*, which will be accompanied with slight nausea, and if any offending matters are in the stomach they will be thrown off. These two different actions of water, hot and tepid, upon the human economy should be understood and appreciated, and these therapeutical measures may be made available in a host of ailments, as specially indicated, and the relief brought about by its relaxing, antispasmodic action will be a joy to the patient as well as a pleasure to the practitioner. Let it be understood, then, that warm water will occasion nausea and vomiting, while hot water, on the contrary, will allay vomiting, be it the vomiting of a woman *enciente*, or of a patient

with an acute gastritis, or even the death-like sickness of a passenger for the first time crossing the Atlantic. In general terms, hot water removes hyperæmia generally, and exerts a sedative influence locally.\*

*Seasickness.*—Is it possible that hot water can relieve or allay the vaso-motor disturbance which accompanies that most distressing complaint known as "*mal de mer*"?

The writer of this can speak from experience, and replies in the affirmative. Let me ask any reader of this paper who has once been on the sea, if his physician recommended him to try hot or tepid water? I presume he took the fashionable bromide of potash, cathartics, etc., but the simplest and the best treatment was probably entirely neglected. I am quite certain that medical practitioners have generally ignored the use of hot water in such cases? The tourist before embarking on his voyage should have eaten lightly for the previous 24 hours; and after coming on board, when the steamship is moving down the bay and going out to sea, let him try and accustom himself by degrees to the motions of the vessel, for here vaso-motor disturbance is liable then to set in, and then gastric and cerebral trouble will follow, and if he is in fear, let him at once lie down and remain in bed for some hours, or until the first night is passed. In the morning early, let him drink a tumbler and a half of hot water (he may flavor it, if he please, with a few drops of lemon juice), then remain lying in his state room for at least two hours, and after this he may partake of a light breakfast, which should be only a cup of black coffee, with a little toast, or, if he feels like it, possibly either one poached egg, or a *small* beefsteak. The hot water acts as a direct sedative to the stomach, soothing the gastric plexuses of the great sympathetic and pneumogastric nerves, which are distributed in the stomach, thereby forming a motor and sensory connection between this important organ and the brain. If, in spite of this, he has seasickness, he may drink large draughts of *warm* water until he vomits well, and after this, if he still feels sick, he should take tablespoonfuls of *hot* water every few minutes, and this will allay the sickness, and, in a great number of cases, break the attack. At most, after a day or two, he will not be liable to be sick any more during the voyage. The hot water, however, should be taken every morning in his berth, an hour and a half, at least, before taking any food, and this should be continued till the voyage is terminated. If he suffers at times from slight nausea, let him drink freely of carbonic acid water (English soda) out of a syphon bottle, or perhaps it may be requisite to take a small dose of ipecac, to relieve an occasional nausea, or cocculus

\* See *Medical Era*, Dec., 1884, for the report of a case of enlarged prostate.



indicus, for vertigo. This simple plan of treatment, if followed out as here stated, will, in most cases, carry the voyager over the Atlantic Ocean, and allay any qualms of sickness that may and probably will affect him.

The late Senator Sumner, with all his learning, was imprudent in his eating,—he was emphatically a “good liver.” His last illness came on suddenly after a full meal; he was indeed surfeited, and while in great agony medical aid was summoned, and to quickly ease the patient, a hypodermic injection of morphine was administered. This treatment was repeated to keep up the narcotic effect of the medicine, and thus quiet the patient. The Senator died, and the country lost a great man, prematurely. A patient surfeited in the way that the Massachusetts Senator was should be forced to swallow from eight to ten glasses of warm water, and as a consequence copious vomiting will soon ensue, and he will forthwith be greatly relieved, and the threatening gastric or cerebral inflammation be averted. If the distressing symptoms are not then relieved, the hypodermics of morphia will be much safer at that stage of the attack, after the stomach has already thrown off its offending matters. The great Hufeland said: “*Natura sanat, medicus curat morbos*” (nature heals diseases—the medical man treats them), and the prudent practitioner should bear this aphorism ever in mind, and at least let nature have a little chance to effect her own cures. To illustrate: A medical man is called in the night to a patient suffering with a bilious colic; the pains are so severe that his friends and the bystanders are impatient and indignant because the prudent physician, instead of instantly giving medicine, commences to inquire into the history of the case. He very properly asks what the patient has eaten, and in almost nine cases out of ten, he can get no satisfaction. The physician’s knowledge of pathology and diagnostics teaches him that a healthy man could hardly be so suddenly attacked without the existence of some offending cause that should be sought out and removed if possible; the maxim *tolle causam*, as old as Hippocrates, is in the doctor’s mind, and he naturally supposes that it is something the patient has eaten inordinately; even if it was an attack of gall stones, the treatment will be much the same: proceed to give copious drinks of warm water until vomiting sets in freely. These draughts of warm water may have to be repeated, in order to make the patient vomit more, and completely relax his muscular system, and after this, relief will ensue.

As the result of this plan of treatment, more than 75 per cent. of the attacks of bilious colics and surfeits from imprudence in eating will be soon relieved, and all bad consequences prevented. Let us now mention some few of the ailments amenable to the hot water

treatment: nausea and vomiting, flatulence and distention of the stomach in adults, flatulent colic; in the nausea of pregnancy (as an adjuvant to other treatment); vertigo and palpitation of the heart arising from gastric irritation; in gastralgia, in intussusception, in heartburn, in headache, chronic and acute; in bilious vomiting, in nephralgia, in retention of urine and complete paralysis of the bladder, in chronic cystitis; in distressing affections of the bladder such as retention of urine in the aged from enlarged prostate, hot water will be found to be almost “magical” in its effects in producing relief; its local sedative effects in chordee will be found very soothing in this troublesome complaint. In lead colic and colic from indigestion, in alcoholismus and the consequences of a debauch, in confirmed chronic dyspepsia; in bad breath, in constipation, in hemorrhoids, neuralgia, neurasthenia, rheumatism, diabetes, kidney diseases, and increased secretion of uric acid; in eczema and cutaneous affections from gastric derangements; in dysentery (by enema), in hiccup, in sore throats, in sudden colds and catarrhs, in acute catarrhal laryngitis, (spurious or catarrhal croup), and especially in true croup.

In surgical practice it is a great desideratum; surgeons formerly applied cold water to sprains, but now every well-educated surgeon uses hot water. “As an immediate application after a contusion or sprain, hot water, either in the form of a douche, bath or by compresses, is preferable to cold applications, by reason of the diminished tendency to passive congestion which follows its use.”\*

In felons, inflammations, erysipelas, punctured wounds, some forms of ophthalmia, in otitis (regarding the treatment of earache in young children, the first aurist in St. Louis informs me that it may be in the majority of cases relieved by simply pouring into the ear a little very warm water. Of course, associated with this should be a hot water foot bath, and hot water fomentations applied externally over the ears), in synovitis, in inflammation of the knee-joint, in gout, as a preventive to ward off the attack (the London *Lancet* is authority for this statement); in many other cases in surgical practice, and especially as a hemostatic—it is the sheet anchor of the modern surgeon to staunch bleeding after operations. In the form of the “perpetual bath,” as introduced by Hebra, of Vienna, it has been used for the cure of several intractable forms of skin diseases; by Billroth in surgical practice it is especially recommended, viz.: in the after-treatment of burns, in frozen limbs, in gangrene, etc., in the treatment of gunshot wounds, and other traumatic injuries; to allay inflammation and prevent pyæmic processes after the operation for the removal of stone in the bladder (as recommended by Prof. Dr. Prince,

\* Pilcher, “Treatment of Wounds.”



of Jacksonville), placing the patient in a hip-bath of hot water, which materially allays the distress of such patient, and always gives great comfort.

In the surgical wards of Von Langenbeck, in Berlin, 25 years ago, I saw many cases where operations were made for resections of joints, and for ankylosis; immediately after the operation the limbs were at once immersed in hot water which was continuously renewed from time to time for several days, or until all signs of inflammation had passed. He adopted this treatment especially in traumatic injuries, to guard against erysipelas and pyæmia, which had been prevalent; and he contrived a peculiar arrangement of caoutchouc, which held the hot water, and was a local bath-reservoir for the same. We noticed that the results of this treatment were successful, and natural repair seemed to be favored by the hot water immersion, and it made a great impression upon me at the time, as at that date the so-called antiseptic treatment of Lister was entirely unknown.

In gynecological practice, the use of hot water is known to every specialist who is an adept in this art. I will make no apology for specifying the cases where it can hardly be dispensed with; in post partum hemorrhages, hemorrhage after important operations, in endometritis, in uterine engorgements, hyperplasia, ulcerations of the os, in lacerations of the cervix, in vaginismus and vaginitis, in uterine and ovarian colics, in dysmenorrhœa, in inflammatory and septic processes occurring in the puerperal state, in abortion and serious complications attending the same, and, lastly, in acute pelvic inflammations, and cellulitis. Dr. Emmet says "it is the only means we possess for aborting an attack of cellulitis, *which it will do if thoroughly employed at the beginning.*" The hot water may be also most successfully applied by means of the hot rectal douche, which may be employed for many purposes in gynecological practice, and in hemorrhoids, as recommended by Prof. Chadwick, of Harvard University, (see *Canada Medical and Surgical Journal*, 1880).

In tedious labors from rigidity of the os uteri, the hot sitz-bath and hot water douche is the best treatment, as is acknowledged by obstetricians, and as we have proved by experience. In many cases of hysteria and hysterical neurasthenia, the drinking of hot water, combined with massage, has proved a most excellent resort, and effected cures of intractable ailments that had baffled all other treatment, conducted by physicians regarded as the most reputable and eminent in the land. The late eminent Prof. Dr. Hodgkin, in an exhaustive article in the "*International Surgery*," Vol. 4, p. 282, recommends hot water in the treatment of indolent ulcers of the legs in the "laboring classes." All surgeons know the obstinacy of these ulcers, and they are almost regarded as the opprobrium

of surgery, but some of the gentlemen here present who have had occasion to visit the Good Samaritan Hospital, will bear me witness to the results of treatment of such cases of old obstinate ulcers of the legs, that we have treated in this way for years past, and with the best success. At a stated meeting of the New York Academy of Medicine, October 16, 1884, a paper was read by Prof. Dr. Ranney upon "the therapeutical effects of the internal administration of hot water, in nervous diseases," and the subject was thoroughly discussed by that learned assembly. You see by this that the Solons of the profession in high places are studying this matter, and I hope that it will not be beneath our dignity to investigate it thoroughly. Dr. Ranney spoke of its beneficial effects in many diseases of women, also in chronic diarrhœa, in diabetes of neurotic origin, in derangements of the liver, in chronic neuralgic troubles, in gastralgia, in neurasthenia, as a palliative in carcinoma of the stomach, in chronic cystitis, and he even cites two cases of locomotor ataxia that were improved by using it systematically.

It should be understood that in drinking the water it must be taken hot by sips, or a swallow at a time, at a temperature of from 110 degrees to 150 degrees, and at least some ten to fifteen minutes should be consumed in drinking a glassful and a half. It is to be taken early in the morning in bed, and the patient is directed to take nothing for an hour and a half or two hours after, so that the stomach may be emptied, and "washed out" by an "inside bath." This may be repeated before each meal (always 90 minutes previously), and also at bed time.

The effect of the drinking of so much water will soon be made manifest upon the patient, by an increase of his urinary secretion, and of his natural perspiration, and by its acting on the biliary secretion and diluting the bile, giving after a short time natural stools. After taking the hot water for a few days, the specific gravity of urine should be tested, and if it registers under 1010, less water should be drank. It will also be noticed after drinking the water a few days, that the urine will in a great degree lose its unpleasant ammoniacal odor, and be of a lighter color, showing that the internal "washing out" of the inner organs of the body, and consequently their purification, is being made manifest by unmistakable signs—for, indeed, as we have previously remarked, this will act upon the whole intestinal tract as an "inside bath." After drinking it systematically for some time, the patient will notice that his bowels begin to move with much more regularity than formerly, and that his feces will be dark colored or perhaps greenish; this is the effect of the water having diluted the contents of the gall bladder, which was probably filled with inspissated bile that had remained there a long time,

and is inactive; this diluting process by the hot water enables it to be "washed out," and the bile will thus gradually pass away, a result greatly to be wished for.

If there has been any catarrh of the gall ducts, and, consequently a tendency to stricture of the same (something painful and always difficult to treat), the relaxing effect of the hot water is just what is wanted, and, moreover, something difficult to bring about by any other means in our power equally gentle and effectual. Patients often object to drinking so much water, thinking it may do them an injury.

This is futile, for if they will reflect and call to mind the copious draughts of cold iced water that some of them have been in the habit of taking, which in their opinion have done them no particular harm, they need not fear about the effects of the hot water. In a large experience with this practice, we can say that it has given us excellent results, and for a variety of diseases, as an *auxiliary to other treatment*, it will be found to be very practical, and can at least do no harm. It is believed to exert a marked and favorable influence upon the vascular system, the vaso-motor nerves, the inhibitory nerves and nerve centres; and its therapeutical action may be said to be at least alterative, and speaking from experience, the change in the patient will be a salutary one.

It is a principle in therapeutics, says Dr. J. H. Salisbury, "that medicines can really cure nothing; they only *aid* in keeping the machine in good running order, while the cure is effected by the careful and rigid alimentation, freed as much as possible from all paralyzing and connective tissue forming elements."

I will quote from Dr. Cutter a *summary* of the general effects of the drinking of hot water:

"(a) Foundation on all treatment of chronic diseases.

"(b) Excites downward peristalsis.

"(c) Relieves spasms or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves.

"(d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky and tenacious.

"(e) Inside bath.

"(f) Dissolves the abnormal crystalline substances that may be in the blood and urine.

"(g) Necessary to have the hot water out of the stomach before meals.

"(h) Use is to wash down the bile, slime, yeast and waste before meals.

"(i) Promotes elimination everywhere.

"(j) If objection is made, it must be remembered that we are 75 per cent. water.

"(k) The gas that sometimes eructates after drinking hot water, is not produced, but was present before, and the contractions of peristalsis eject it; or sometimes it is that the air is swallowed in sipping, as horses suck air; the amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This length of time can be tested by submerging a gallon jug filled with air under water and observing how long it will be in filling with water.

"(l) Some physicians have advised against hot water, on the ground that it would 'burn the coating off the stomach.' If this be so, then a denudation of the lining of the stomach continuously for 24 years is compatible with a state of health, with no signs of illness, for that period of time, and is compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment for the past 25 years. Again, the same physicians drink tea and coffee at the same temperature, and this act belies their warning and shows their inconsistency and want of consideration before speaking.

"(m) These dicta about the therapeutic drinking of hot water were founded on physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858. They are open, so that all who will may partake of 'this water of life freely.'"

Personal estimate of this practice: "If I were confined to one means of medication, I would take hot water; I have taken it for 25 years."

The foregoing aphorisms express just what we have found true in practice, and the advantages to be derived from the use of hot water, when properly prescribed, are not in the least overdrawn. We have occasion daily to notice that patients seem to have a great fancy for using hot water on their own account, and often the physician is not in a position to correct them, and advise them properly regarding the same. If the physician has not himself studied the most recent experiences which we have gained from the use of hot water, he is in no position to correct the faults of the patient. We are well aware that some of the profession think that all the good of hot water is that it is fashionable, and judging from what we often saw last summer at the hotels in New York and Saratoga, it would seem that it must be fashionable. At those hotels, we almost daily noticed guests when they sat down to the table would call for hot water, and drink a glass or two, and then forthwith commence to eat their meals. Of course, this was generally all wrong, and thus all their zeal was misdirected, because they had not first taken the advice of some good and sensible physician.

## A BACTERIAL GLOSSARY.

BY ROLLIN R. GREGG, M.D., BUFFALO, N. Y.

*Micrococci*.—Granules of fibrin.

*Bacilli*.—Rods of fibrin—more generally applied to short rods that the straight threads of fibrin break up into by rotting.

*Spirilli*.—Spirals of fibrin—generally short pieces of spiral threads of fibrin, broken up by rotting.

*Spirochaetes*.—Full length spiral threads of fibrin, or long pieces of such threads.

*Bacterium termo*.—Two granules of fibrin, partially, but not yet fully, separated from each other, at their granular unions, by rotting.

*Bacterium lineola*.—Nucleated cells, made wholly of granules of fibrin organized into cell form, and each possessed of an individual life of its own when free. The granules appear like nuclei. If the reader will turn to a cut in the section on "Fibrous Tissues," "Carpenter's Physiology," he will see quite exact figures of these cells, scattered all through a cut of areolar tissue, and these are the so-called bacterium lineola. I have seen hundreds of them in rotting pure fibrin.

*Bacilli subtiles*.—Means much the same as bacilli, excepting that it applies more to long wavy threads or long pieces of threads of fibrin, while simple bacilli refers more to short pieces of such threads, or to rods.

*Bacilli ulna*.—Larger threads of fibrin; that is, pieces of those thicker through, which are partially broken at one or more points, so as to bend upon themselves at such points, and give the appearance of an elbow.

*Comma bacilli*.—The comma bacilli, of which we have heard so much lately in connection with cholera, are simply the ends of spiral threads of fibrin broken off by decomposition. The way they commonly result, however, is that a spiral thread of fibrin will break up in rotting into numerous pieces, many of them of the form of the letter *s*. Then these *s* pieces will break in two in the middle, each giving two semi-circular pieces; and next, under further rotting, these semi-circles will break in two in the middle, and each furnish two pieces much the shape of commas and called comma bacilli. I have seen thousands of them in rotting fibrin. Dr. Timothy Lewis, of London, who was the first to investigate cholera microscopically in India, says in the London *Lancet* of September 20, 1884, that the comma bacilli are found in the mouths of perfectly healthy people, and often in abundance. Of course they must be. The fibrin in food, left in shreds about the teeth after eating, and being disintegrated by the saliva and decay, give these and several other forms of the so-called bacteria.

*Bacilli tuberculosos*.—Short rods of fibrin, partially

frayed out or shredded at the ends, and at points along their sides, by long rotting in tubercles. I have seen many such in the long rotting of pure fibrin in distilled water. Every tubercle is encased in a wall of fibrin, and has bands, cords and threads of fibrin running in all directions through it; also there are flakes of fibrin in most or all tubercles. Much of this fibrin, excepting that in the encasing wall, is broken up in the rotting or suppuration of tubercles, and gives the bacilli tuberculosis in great numbers.

*Spirillum tenue*.—Short pieces of the very smallest spiral threads of fibrin, broken up by rotting.

*Spirillum undulans*.—Short pieces of larger spiral threads of fibrin, broken up by rotting.

*Spirillum volutans*.—Large spiral threads of fibrin, which taper off at each end into a fine thread, like a tail.

*Spirochaete plicatilis*.—Long and very fine spiral threads of fibrin, the spirals being also bent upon themselves, often at quite acute angles.

*Sphaerobacteria*.—The same as micrococci, or the granules of fibrin.

*Microbacteria*.—Rod-like bacteria, bacilli or rods of fibrin. The so-called bacterium termo is also included under this term.

*Spirobacteria*.—Spirilli, or pieces of spiral threads of fibrin, spirillum tenue, spirillum undula.

*Leptothrix buccalis*.—Bacteria of the mouth, resulting from shreds of fibrin left about the teeth after eating, and there disintegrated by the saliva and decay, being thus produced much as are the comma bacilli of the mouth.

*Coccus*.—A single granule of fibrin by itself.

*Diplococcus*.—Two cocci, or granules of fibrin, separated at their granular union by rotting, yet still adhering to each other through their vicinity.

*Vibrios*.—A term having much the same meaning as the general term bacteria.

*Vibrio rugula*.—Short and also moderately long pieces of thick threads of fibrin, which are slightly crooked, but not spiral.

*Vibrio serpens*.—Generally quite long pieces of smaller threads of fibrin which are crooked more than the foregoing and like a snake. Sometimes two such threads will be entwined and are called the same.

*Schizomycetes*.—Rods of fibrin breaking in two, or just after they have broken in two in the middle. Very commonly rods of fibrin of the length that four, six or eight granules of fibrin make, will break in two in the middle under rotting, each of which pieces is then called a schizomycete. Next, each of these pieces will, under further rotting, begin to show a partial parting at their granular unions, and if con-



taining but two granules they are then dignified with the title of bacterium termo.

*Oidium albicans*.—When very large threads of fibrin, ropes so to speak, five to ten or more times the diameter of the smallest threads of it, are rotted, they break up into sections of various lengths, some no longer than the diameter of these larger threads, and these broken pieces then present every appearance of the *oidium albicans*, which, I have little doubt that they are. Some of the granules of fibrin of which they are composed, will seem to loosen sooner than the rest, under the rotting, and show scattered through the broken sections like nuclei. The shorter sections, or many of them, take more or less of a circular form after breaking out of the threads, and then appear like nucleated cells. The *bacillus ulna* and *vibrio rugula* show the granules of fibrin scattered through them like nuclei, much the same as the *oidium albicans*.

*Cryptococcus and Conidia*.—Different forms of the next higher order of organization of granules of fibrin, above any of the preceding excepting the *oidium albicans*, and the *bacterium lineola*—the latter, or *bacterium lineola*, being, no doubt, the highest of any of the species named in this glossary.

*Microbes*.—Of the same general signification as bacteria.

*Bacteria*.—Is the general or generic term including all the species—that is, all the numerous forms that fibrin will take under every condition of rotting, and also under all its first steps in primary organization.

*Zoogleea-forms*.—Simply clusters or schools of micrococci, of bacterium termo, or of bacterium lineola. I have seen hundreds of such schools of micrococci, and scores of schools of each of the other kinds in rotting fibrin.

*Felted*.—When longer or shorter rods or spirals of fibrin are gathered together into clusters, or much entangled with each other, they are then called felted, or felted in swarms.

These terms and explanations are restricted, of course, in their application here, to the assumed bacteria of disease. As physicians, we have no need to enter into controversies beyond the bounds of our profession.

There have been more than a hundred different names, I think, applied to the foregoing forms of fibrin. I once collected fifty to sixty of those names to thus expose the absurdity of the whole thing in the multiplicity of names given a few very simple objects, and also to show the terrible confusion that men will throw a subject into when they don't know what it is they are talking about, or trying to describe. But I mislaid the manuscript and references for that exposé and did not follow the subject further. The

foregoing names, however, embrace about all those now generally used by writers upon the subject.

Every one of these numerous forms of so-called bacteria I have seen, the more common of them in hundreds and thousands at a single view (the micrococci, indeed, by the million), in rotting perfectly pure, fresh, healthy fibrin, in distilled water; and this, too, in hundreds of successive observations. It seems to me, from what I have read of others' observations that I have seen far greater numbers, five to ten or more times the numbers, of these so-called bacteria, when rotting pure fibrin, than any bacterist has described having seen under his methods. Nor is this all. I have boiled both fibrin and blood, and in this way obtained in an hour or two of boiling of fresh healthy blood, or fresh fibrin, great numbers of the more common forms of these assumed bacteria, when there was no possibility of their coming through decay.

I have also disintegrated fibrin in the most powerful acids, and in alkaline solutions, thus breaking the fibrin threads up in an hour or a few hours into pieces of various lengths, or wholly into the granules that compose them, and thereby brought, in the hour or few hours, the common bacilli, the spirilli, the bacterium termo, the micrococci, etc. In several instances I boiled pure fibrin many hours, baked some of it three hours, and burned a portion of it black, then triturated both a long time, put some of each into chemically pure nitric acid, and thus brought the bacilli and micrococci, especially the latter, in great, yes, enormous numbers.

Therefore, the fact of getting all the more common forms of assumed bacteria through boiling fibrin a few hours and also through disintegrating it with powerful acids, alkalies, etc. (which are conditions that utterly preclude the possibility of their coming from, or germinating by, decay, as is claimed for bacteria), and getting them, too, of precisely the size, form, color, etc., of those obtained from rotting pure fibrin in distilled water, or rotting animal matter in general, is proof beyond question that they all come from disintegrated threads of fibrin. Nature does not furnish such similarities, identities, in fact, in size, form, color, etc., in two classes of objects, from two different kingdoms of her work. That is impossible, even to nature. Moreover, let any intelligent, unprejudiced and fair-minded man familiarize himself with the exact appearance of the threads of healthy fibrin, under various conditions, then imagine them cut up into short rods, or broken up into rods and granules, and he will see perfect fac-similes of all the common forms of bacteria, bacilli, micrococci and spirilli, the latter, of course, coming from the spiral threads of fibrin.

We know, in conclusion, from old physiological

teaching that the threads of fibrin are made of lines of granules joined together into threads, and we *know* that under decay these threads must, like all other forms in organic nature, break down in the inverse order of their original construction, into shorter and shorter pieces, and these ultimately into granules. Then knowing that such broken pieces are precisely like the claimed bacteria—are them, in short—the whole ground is covered, and controversy over it ought to be at an end.

### CLINIQUE.

#### A CASE OF AMPUTATION AT THE MIDDLE THIRD OF THE THIGH, FOR CARIES OF THE LOWER END OF THE FEMUR.

(A Portion of a Clinic given by Dr. Helmuth, at the Hahnemann Hospital.)

REPORTED BY HARRY E. RICE, M.D.

THE first portion of this clinic was devoted to the consideration of "stumps" and the adaptation of artificial limbs. Prof. Helmuth exhibited six or seven patients who had recently undergone amputation in the hospital, and explained the methods of making good supports. He also showed two persons who were then wearing artificial legs. Mr. Condell then gave a complete explanation of the artificial arms and legs invented and manufactured by himself, and showed the varied movements that could be made by them. The patient whose case I describe was then brought in.

Mrs. A., an Englishwoman, fifty-five years of age, was admitted to the Hahnemann Hospital November 18, 1882, and gave the following history: Three years before, while walking on an icy sidewalk, she slipped and fell, spraining, as she supposed, her right knee. As no fracture could be detected, she was treated for sprain, but synovitis of the knee-joint resulted in a short time, followed by periostitis and finally by osteitis. The limb was much swollen and the pain very severe; the pus burrowed in all directions, making its exit, in less than a year, under her great toe-nail. She underwent all sorts of treatment for many months, with only partial relief. The knee-joint itself still continued sore, and new sinuses constantly formed. The patient was at this time much emaciated and willing to submit to any treatment that promised relief.

On examination, the whole knee-joint was found to be in a state of suppuration, large sinuses extending to the depth of several inches up the thigh, and discharged quantities of sanious pus. There were three openings, two on the exterior and one on the interior surface of the limb. A probe passed into

one of the exterior openings, under the tendons of the biceps and other muscles, could be felt under the integument on the inner surface of the limb.

Amputation was advised as the only means of saving life, and was readily agreed to by the patient. She was accordingly placed at once on a stimulating diet and gained strength rapidly. November 28 was fixed for the operation, and the patient having been etherized, was placed on the table, and the Esmarch bandage applied to the limb, from toes to groin; the clamp was then fixed as near the body as possible, and bandage removed. The limb was then extended and held by an assistant, and Dr. Helmuth, grasping the tissues at almost the junction of the middle with the upper third, transfixed the limb, passing the back of the knife above the bone, and cutting upward and outward, forming the anterior flap; he then grasped the limb on the posterior surface, entered the knife at the point of transfixion, cutting downward and outward, and forming the posterior flap. He then made a circular incision around the bone, turned up the periosteum, and sawed the bone directly across. Some little delay was occasioned at this point by the retraction of the femoral artery within its sheath, but it was easily discovered by loosening the Esmarch a little. The vessel was picked up and ligated, the Esmarch removed from the limb entirely, and the bleeding vessels either twisted or touched with hot water. All bleeding having ceased, the flaps were brought into apposition and silver wire sutures introduced. Dr. Helmuth then applied a new dressing, invented and recommended by Lister, and which consisted of a light layer of marine lint, covered by two thicknesses of antiseptic gauze, over which was applied, rather tightly, an india rubber bandage; the object being union by primary adhesion. The patient recovered well from the anæsthetic, and everything seemed favorable until the fifth day, when she complained of a feeling of great pressure in the stump. The bandage (rubber) was accordingly removed, and relief followed immediately. There was but little discharge from the stump and no pain at all. She had, however, a very troublesome cough, the result of an old pneumonia, she said, and expectorated a good deal of dark mucus; the paroxysms of coughing exhausted her greatly. She was, however, going on well, to all outward appearances, up to December 5, when she began to complain of pain in her chest and great oppression in the same locality; she coughed a great deal, and after six P. M. sinking rapidly, died at two A. M., December 6.

Autopsy the same day at 4 P. M., revealed the fact that her lungs were entirely degenerated, and were a mass of suppuration; large and small vomice, full of pus, with cheesy deposits, being distributed

throughout the whole extent. The liver was enlarged, pale and flabby. In fact, it was in a state of general fatty degeneration. Heart, kidneys, spleen and other internal organs were in a normal condition, with the exception of the transverse and descending colon, which was atrophied and unhealthy in appearance.

In the stump, union between the flaps was found to be entirely wanting. The end of the femur was softened and carious, and being removed from the hip, the whole length of the bone was found to be in the same state, the head of the bone especially being very soft and spongy. The ossa innominata also showed some degeneration, and in the right acetabulum a patch of reddened synovial membrane, nearly an inch in diameter, indicated a commencing synovitis in that locality.

Inside the pelvis, the iliacus muscle was found to have been entirely destroyed by a psoas abscess, at some earlier date. The other bones of the body were likewise somewhat diseased, and, in all probability, had the patient lived, general caries would have resulted. This case is reported as indicating to what extreme extent pathological processes may proceed, especially in the osseous system, with comparatively slight pathognomonic symptoms of bone degeneration.

NOTE.—The time occupied by Dr. Helmuth in the removal of the limb was thirty-eight seconds, from the moment of first transfixing.

#### OBSTETRIC HINTS.

BY J. SAVAGE DELAN, M.D. (A. M. C., 1861).  
ALBANY, N. Y.

##### THE THIRD STAGE OF LABOR.

To the student of obstetrics, who wishes most thoroughly to perfect himself in the science and art of midwifery, no part of his task will be found of more importance than a correct and practical knowledge of the best and safest methods of carrying his patient successfully through the third or final stage of labor.

In ordinary obstetric practice, malpositions of the fetus are of such comparatively rare occurrence and instruments so seldom resorted to in the great majority of labors that, although the proper course to be pursued in such cases should be known and understood, still the danger to the mother seldom commences until the child is separated from the maternal system, and the last stage of labor, the delivery of the secundines, is in progress. It will be my purpose, in this paper, briefly to give the results of my own experience and the methods I invariably employ, with the results of such procedures.

To the young physician, fresh from the college amphitheatre, the delivery of the child seems, natur-

ally, to be the end of his task. New to the scenes of the lying-in chamber, unaccustomed to its sights and sounds, the ease and comfort that his patient experiences when the child passes into the world, seem to be the end for which he has striven. But experience soon teaches him the fallacy of such impressions. His work has only commenced, for unless proper precautions are taken, unless a thorough knowledge of his art be his, in many cases, he will find to his sorrow, that what he has deemed the end, is only the commencement of his trouble.

Most of the accidents to the mother that occur during the course of a case of confinement, take place after the uterus has discharged its living contents; the delivery, therefore, of the placenta and the permanent contraction of the womb after its expulsion, is, to my mind, by far the most important part of the obstetrician's duties. A neglect of proper attention to *detail* at this time often results in the sacrifice of life that might have been saved, and even if life itself be not endangered, much needless suffering can and should be averted by wise and simple precautionary measures. *Attention to detail* should be one of the maxims of obstetric practice. For some years I have been accustomed to observe the following methods in the conduct of each and every case of natural uncomplicated labor in the third stage. Since I have adopted them, in no case have I had post partum accidents of any kind, even afterpains have been of extremely rare occurrence.

As soon as the child is in the world, *I place my hand on the abdomen of the mother*, grasping, gently but firmly, the contracting uterus, only relinquishing my grasp on finding contraction taking place. Then I request the nurse to place her hand where mine has been, directing her how to apply it. I then sever the funis between two ligatures, and again relieving the nurse, continue, gently, the kneading process. If this is properly done, in a short time the uterus will be found firmly contracted. I then discontinue my manipulation, not following entirely the method of Credé, by keeping up the kneading until the placenta is expelled from the vulva; but finding the uterus contracted, I introduce my right hand into the vagina and find the placenta, which I carefully and slowly withdraw, winding and turning it in my hand, so that the membranes are twisted into a rope and come away intact. Before disposing of the mass it should be carefully examined to see that no portion is retained. I then seat myself by the bed, and with the left hand keep up gentle but firm pressure with manipulation for *at least* half an hour, at the end of which time I sweep the vagina with my right forefinger, to clear it of clots and to see that no portion or shred of membrane remains either in the canal or the uterine mouth. Finding the womb hard and



firmly contracted, *I then, and not till then*, apply the binder, folding a napkin saturated with spirits and placing it over the uterus under the bandage. I prefer a simple piece of strong cotton cloth, wide enough to reach from the ensiform cartilage to the pubes, and fastened with safety pins, commencing to pin from *above downwards*. When the binder is applied, I have the soiled clothing removed, place the patient in a comfortable position, the head not too high, and then—what? Go home? No. I wait *religiously* another half hour. Then, if the pulse is normal, as it should be, and the napkin which has been placed at the vulva after the bandage is applied shows that there is no hemorrhage, I leave my patient, instructing the nurse to put the child to the breast as soon as the mother is rested, and order some light nourishment to be administered in an hour.

Then, and only then, I feel that my patient is safe, and that I can go home with the conviction that, *ceteris paribus*, no untoward event will happen, and that dread of all obstetricians, post partum hemorrhage, will not occur. These are the simple rules I have adopted, and they have served me well. Since I have followed them I have never had a case of severe hemorrhage, never severe afterpains, and the patient has recovered promptly and with no complications. There is no claim made of any new discovery—all these methods have been advised, but I fear that they are not universally followed. If they are observed carefully and thoroughly, my conviction is that the practitioner will be amply repaid for his trouble in the satisfaction experienced at seeing his patient recover speedily, and without any of the disagreeable accidents that often follow carelessly conducted labors. The hour spent at the bedside after the birth of the child will save many a sudden summons, many an anxious moment. There is *always* danger to the parturient woman until the emptied uterus is firmly and *permanently* contracted, and the physician who leaves the patient immediately after the delivery of the secundines, and trusts to nature to accomplish the rest, fails in his duty, and will, sooner or later, bitterly repent his negligence. Remember this: “*No one has a right, with our present knowledge, to lose a life from hemorrhage from the uterus, immediately after confinement*,” and if the means I have described are taken, post partum loss of blood will be of rare occurrence.

One illustration to impress upon the mind of the young obstetrician the importance of the methods advocated:

Some time since I was called to attend a healthy young lady in her first confinement. The child was large, but she was easily delivered with the Sawyer forceps. The placenta came away immediately and the womb contracted firmly. Being very tired from

overwork I neglected the precaution of manipulation after the delivery and applied the binder at once. I was washing my hands a few moments later and turned to look at the patient; she was deathly pale. I touched her pulse—it was rapid and thready. Passing my hand rapidly into the vagina, I found blood pouring from the uterus, which was uncontracted and full of clots. Of course, I instantly passed the hand into the uterine cavity, and with counter-pressure on the abdomen, in a few seconds the hemorrhage ceased and the organ contracted. But I was obliged to remain some hours with the patient. Had the rules advocated in this paper been followed, I firmly believe no flooding would have occurred. It was a lesson to me. Suppose I had left that patient and not been on hand when the flow commenced?

I give this case simply as an apt illustration of the value of the methods I have described and which wise obstetricians have advocated, and entreat my brethren to follow them. Nothing is more satisfactory to the conscientious physician than the knowledge that he has conducted a woman safely through her great trial, nothing more terrible than to feel that neglect has sacrificed a human life.

#### A CASE OF THROMBUS VULVÆ—WITH RECOVERY

BY GEO. CLINTON JEFFERY, M.D., BROOKLYN, N. Y.

OUR works on obstetric practice, for a reason unexplained, do not give as much of a description of the causes and results of Thrombus of the Vulva as it seems to me that the importance of the subject demands. Several authors whom I have consulted merely mention such a condition as a complication of childbirth, while others do not take any notice of the anomaly at all. The articles that are contributed upon the subject speak of the large mortality that previously attended the condition, and in commenting upon the size of the tumors describe them as often being the size of a hen's egg, “sometimes a little larger.” The case that I am about to report forms an exception to any that I have had the fortune heretofore to see, or to read about upon the subject in the experience of others.

On July 19th last, I was called in consultation by one of the busiest and most widely known midwives in the section of the city in which I am living, and one possessing a very varied experience, the natural result of “continuous labor” for over thirty consecutive years in the practice of her profession. Up to the time of my seeing the case, at ten o'clock on the above date, this is the history as it was related to me. The patient who was a primipara, twenty years of age, was taken with dilatory pains early on the morning of the 18th inst., and was delivered at about ten o'clock on the same evening. Everything

progressed in an apparently natural manner, and when the attendant left her patient there was nothing to be recorded against the case as compared with any other of normal labor. At about six o'clock of the morning that I first saw her, the patient felt a pain low down in the pelvis, with considerable swelling of the vulva upon its right side. Naturally much alarm was felt by the family, and the opinion of the midwife was at once sought and solicited. After careful examination she promptly confessed that in all of her long experience she had never seen anything like it, and advised a consultation. When I arrived I found the following condition:

A tumor of the right labium majus which involved the vaginal wall so much as to press the os uteri away to one side and to completely close the vaginal canal by its tense pressure against the opposite side. The external tumor measured at least six inches in diameter through the parts that were exposed to the eye, while I should judge that the depth of the swelling was even greater. In appearance it was dark blue, and it was easily and at once recognized as an accumulation of blood. The history of such cases, as far as I am able to gather them, is startling with the reports of the appalling mortality from the septicæmia which surely follows the sloughing that always occurs where decisive action is not taken; also, from the rupture of these tumors, before the birth of the child has allowed them to descend into the vagina, beside the manifold dangers to both mother and child where the accumulated blood has formed a mechanical obstruction to the exit of the child. Excision of the tumor being the only means to select in the latter condition, sometimes immense quantities of blood are lost, which is often uncontrollable, and results in death to the mother from hemorrhage.

After allowing my patient to lie quietly for twenty-four hours, I made an incision into the tumor and took out, I should estimate, over a pint of clots from within the sac, the wisdom of my having awaited the coagulation of the blood before evacuating it being proved by there being no secondary hemorrhage. My subsequent treatment was to inject a solution of Bromo-chloralum (two table-spoonsful to a pint of tepid water), three times a day, besides having absorbent cotton, upon which was sprinkled iodoform, placed within the labia. Internally, sodæ hyposulphite, grs. xv., every five hours. While the odor was nauseating at times, and notwithstanding an increase of temperature, after opening the tumor, to 103° F., the patient recovered perfectly within two weeks. Two months after delivery I examined the sac and all that remained was simply a pouch, barely large enough to admit the entrance of my finger.

**ANNOYANCES OF ASTIGMATISM.**—There is no reason so potent (says Dr. William S. Little) for abolishing Greek from

the schools and colleges as the inability of the astigmatic eye to recognize its characters readily. The frequency of the defect renders it distasteful to students and a great annoyance in studying it. The Hebrew type in the theological seminaries, and the German type, are equally annoying. The Roman letter should prevail for all these languages, as that, while sufficiently troublesome to an astigmatic eye, is less so than other type. German medical works are largely in Roman type, so that a recent statement that 890 medical men in New York City were studying German is not to be wondered at.

**DENTISTRY IN THE UNITED STATES.**—There are now about seventeen thousand dentists in the United States, and they pack into the teeth of the American people about a ton of pure gold and five times that amount of less precious metals (tin, silver, platinum, etc.) annually. Now, these metals are worth a million dollars, and it will take only about three hundred and fifty years, to bury all the coin in the United States in the graveyard (another feather in favor of cremation).

There are about four millions of artificial teeth made in the United States yearly, yet only one-third of the people avail themselves of this blessing.

Perfect teeth are to be found in the mouths of only one American in eighty, the dental organs of seventy-nine being more or less affected.

This state of affairs will never improve until mothers are taught to bear children with perfect teeth and preserve them intact until the offspring is twenty years of age.—*Scientific Californian*.

**MUSCULAR RHEUMATISM.**—We are informed by the *Medical Summary* that, at the Southern Dispensary and Hospital of Brooklyn, "the homœopathic tincture of rhus tox., in quarter-drop doses, given every hour, has been found very efficacious in this malady."

**A CASE OF DOUBLE UTERUS AND VAGINA.**—In the *Boston Medical Journal* (September 18, 1884), Dr. J. W. Elliot reports this case: The patient was 34 years of age, had been married sixteen years, and complained of sterility, constant pain in the lower part of the abdomen, dysmenorrhœa, mental depression, and nervous spasms. On April 2 she entered Dr. Elliot's private hospital, and was examined under ether. There were two separate vaginæ, both slightly smaller than usual; the septum, about one-eighth of an inch thick, began just behind the hymen. At the end of each vagina was a cervix, slightly smaller than normal. A probe could be passed into each cervix. The manual examination showed distinctly that there were two independent uteri; both were enlarged, one ante-flexed, the other in about normal position. The patient was afterward seen during menstruation, and the menstrual flow came from both uteri.

**THE USE OF PEROXIDE OF HYDROGEN FOR THE DIAGNOSIS OF PUS FROM MUCUS.**—Dr. W. B. Richardson, in the *Asclepiad*, states that mucus, brought into contact with a solution of peroxide of hydrogen, does not affect the solution in the least, if the mucus be free from carbon dioxide; but the smallest amount of purulent matter at once liberates the oxygen freely. To apply the observations to the detection of pus in excretions, it is necessary to place four drachms of the solution of the peroxide, of ten-volume strength, in a test-tube, and add the suspected fluid. If there be escape of gas, it is fair to assume that pus is present. If gas does not escape, the fact that pus is not present may be accepted as certain.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

## THE REASON WHY.

"I do not love you, Dr. Fell.  
The reason why I cannot tell."

THE old codist is more fortunate than the poet who did not love Dr. Fell, and yet could not give any reason for his dislike, for the sole cause of his hostility to the new codist is based on high moral ground—in fact, his position is like that of the old patriot who did not love Caesar less but Rome more.

Actuated solely by a stern, uncompromising sense of duty, a devotion to science and the public good, he wages a fierce and determined warfare against the lax morality of the new codist, and so great is his horror of their principles that he deems himself justified in striking them with any and every weapon upon which he can lay his hands—in the darkness of night or in the full light of noonday—face to face, in the sight of all who care to look, or, like the Indian in ambush, creeping quietly upon his victim, and dealing the deadly blow in the back. What right has any new codist which an old codist need respect?

There is something grand in the position of the old codists. No one would for a moment question their high Christian character, their profound scientific attainments, their thorough understanding of the needs of the public. When we see such men girding on their armor, crushing with stern resolve the tender feelings of love for their misguided brethren, and simply from a high sense of duty, a duty to the public and to the profession, guarding both with a determination to perish rather than relax

for even a moment their firm grip of a great principle, our souls are thrilled as they were never thrilled at the story of the ride of the six hundred into the jaws of death, or the grandest deeds which have ever adorned the pages of history. The public are gullible and liable to be deceived; they do not know their needs and must be watched over and protected by those who have their interests at heart, by those who have made a life-long study of how best to control all the gateways and avenues of a great profession. Was not the Kappa Lambda Society organized for this very purpose, and did it not do noble work in its attacks upon such men as Mott, and Hosack, and Gardner, and Carnochan, and Sims, and last of all, Barker? And is not the depravity of the public taste clearly shown, and the absolute necessity of the continued labor of this great and immortal society fully demonstrated, when these names shine on the pages of history like stars of the first magnitude?

It requires a peculiar training to understand the wants of the public, or to estimate rightly the duties of the profession. The active practitioner, the man who studies disease as it exists in the living form, who gets at the conditions by close observation and careful questioning, watching day by day the effects of treatment, taking not merely a single observation, but with his hand always at the helm, ready to meet the changing currents or the gathering storms, becomes so identified with his patient that he sometimes loses sight of the dignity of his profession and is inclined to relax a little his grasp on its iron rules. The real guides of the profession, those who are responsible for the maintenance of its dignity, must be made of sterner stuff. Cool, collected, untouched by that sympathy, evoked by close watching of the sick, which so often leaves the gate slightly ajar, they sit quietly in their offices, communing with the great minds of the past, or drop their pearls of wisdom in the lecture room, or send them down to posterity in the pages of printed books. How much the profession and the world owe to the great captains of the old code, the Flints, father and son, and the chemist Squibb, time alone can tell. The Flints, we have been told, have never been in active practice, but have acquired their wonderful talent for leadership of a great profession by an occasional visit in the hospital and consultation, by the study of books and the formulating their knowledge in lectures, while the third of the



great captains, the chemist Squibb, has concentrated the fire of his genius on the making of fluid extracts and chloroform. These are among the foremost of the old code leaders, all honorable men working solely for the good of a great profession. Possibly they might have spared the late distinguished President of the Academy of Medicine, notwithstanding his heresy, for his gray hairs would have pleaded for him, but for one thing. The International Medical Congress will meet in Washington, in 1887. The impudence of these new code men is beyond expression, and it is possible, nay, even probable, that Dr. Barker would be selected by them as the presiding officer of this world's congress of distinguished medical men. As a scholar, as a physician, as an author, and as a teacher, he has distinguished himself. He has been made a corresponding member of scientific societies at home and abroad, and has received the title of Doctor of Laws from one of the most venerable European universities, as well as from one in his own country. It would never answer to have this man, so courteous and genial in his manners, so magnetic in his nature, placed in a position of such influence. His competitor for the honor would undoubtedly be the great captain of the old codists, the senior Flint. Thus the old code and the new code would be brought face to face in a contest which would test the strength of both parties. If in this contest the old code should fail, woe, woe to the profession! The pillars of that great temple, slowly reared through the ages, would give way and the whole fabric fall in a mighty ruin.

Under the circumstances would not any expedient be justifiable in averting the possibility of a calamity so terrible? and was not the determination of these incorruptible men to sacrifice the chieftain who might bring ruin to their beloved profession one of the strongest proofs possible of the heroism which exists within its ranks?

The fact that the attack on the President of the Academy of Medicine was a complete failure, the members rallying around him and crowning him with laurel, does not detract in the least from the greatness of soul and real heroism of the men who suddenly found themselves obliged to sit down to a repast of very tough crow. The consciousness of rectitude turned the defeat into a triumph, and the crow into one of the most savory of dishes. Such is the de-

pravity of the public mind that to-day Dr. Barker stands higher in the community than ever before, and the leaders of the old code very much lower.

#### THE PROPOSED NEW NATIONAL BOARD OF HEALTH.

At the recent National Conference of State Boards of Health a bill was drawn up to establish a National Board on a different basis from the one approved March 3, 1879. This National Board is to consist of one member from each State Board of Health now or hereafter to be established, appointed by the President, and confirmed by the Senate; this Board to convene in Washington within ninety days of the passage of this Act, and to meet there annually, and in case of emergency, upon the call of the Chairman or Secretary, or the extraordinary call of the President of the United States.

Its officers are to consist of a Chairman and Secretary, the latter to be the executive officer, and *ex officio* a member of the Board, and to devote his entire time to the duties of his office; to be removed for cause at any regular meeting of the Board by a two-thirds vote of all the members. He is to receive such salary as may be determined by the Board.

The Chairman, with six other members representing the various geographical divisions of the country, constitute the Executive Committee, elected at the first meeting, and at each annual meeting thereafter.

The duties and functions of this Board are then laid down, covering very much the same ground occupied by the first National Board.

The expenses incurred are to be met by the appropriation of \$500,000, to be disbursed under the directions of the Board by such disbursing agents as the Board may deem necessary, and who are to give bonds, as in other cases, for the faithful performance of their duties.

We fail to see that this new bill improves matters. In fact, we think it inferior in every way to the National Board as first constituted. That Board was singularly happy in its organization and representation. Composed as it was, of seven members appointed by the President and Senate, and four members, *ex officio*, from each of the Departments, viz., the Medical Department of the Navy, the Medical Department of the Army, the Marine Hospital Service, and the Department of Justice, it was a thoroughly representative body, fully competent to handle

all national questions of public health and quarantine—a Board which could be called together at the shortest notice, and whose decisions could be at once carried out.

Furthermore, and most important, the efficiency of the Board had been thoroughly tested at a most trying time and found equal to all reasonable demands made upon it. Its history has been a most creditable one. Its work in suppressing the great yellow fever epidemic, in the establishment of a National Quarantine and the prevention of the introduction of pestilential diseases from outside, in the aid of State and Municipal Health Boards, and in the investigation of sanitary questions, fully met the requirements of its constitution.

In this Journal for August, 1884, we showed that the charges which had been preferred against the Board were of a personal character, and utterly without foundation. But these charges, false as they were, had their influence with those who were not in a position to see the facts in their true light; and to the Supervising Surgeon-General of the Marine Hospital Service is due the discredit of having injured a most useful and efficient institution.

We believe that the National Board of Health at that time had the sympathy of the majority of the profession, and that the present bill for a new National Board of Health does not meet the approval of the first medical minds of the country.

#### ESTIMATES FOR PUBLIC CHARITIES.

COMMISSIONERS HESS and Porter, of the Department of Charities and Correction, appeal to the city for a more liberal appropriation. Mr. Hess says that this should be granted in view of the large increase in the number of inmates in the institutions under their care. He makes the increase 30 per cent. for the past ten years. Mr. Porter says that the cost of the inmates of the city's various charitable institutions was less per capita than in any other city of the civilized world. There are now about 14,000 inmates. There was an increase of about \$30,000 in salaries, which are fixed at \$393,558 for 1885. The Commissioners asked for a total appropriation of \$1,794,518.50. This was cut down by the Board to \$1,619,108.

Mrs. Josephine Shaw Lowell said the institutions were in better condition than ever before. It was a wonder that so much could be done for the money

appropriated. The condition of the charitable institutions which she had visited in England was much better than those under consideration, because a much larger sum per capita was allowed for their maintenance. In the New York almshouse, 13 cents a day was allowed to support each inmate. Even in Edinburgh 14 cents a day was allowed, and the Scotch were well known as close economists. Mrs. Lowell advocated striking out the item of \$30,000 for coal for out-door poor. The associated charities could care for these. It would be better to give this amount toward feeding the inmates of the public institutions properly.

Mrs. Lowell thought that the city should not encourage pauperism, and the 16,000 who now receive aid outside the institutions could easily be multiplied several times.

#### CORROSIVE MERCURY IN GONORRHOEA.

PERHAPS there is no disease which the physician finds so unsatisfactory in treatment as gonorrhœa. Let him individualize his case as closely as possible, and adapt his treatment with all the judgment and skill in his power to the condition and idiosyncrasies of his patient, yet he often finds a trouble which sometimes yields in days running into weeks. A remedy which one physician proclaims as a sure specific he finds worse than useless, or perhaps completely successful in one case and failing in another where the symptoms seemed precisely the same. This will not always be the fault of the remedy, but may arise from incorrect diagnosis of the case, or a carelessness of administration. The chemist finds that the slightest variation from a certain formula will change entirely the character of the product, and why may not the same truth hold good in the administration of remedies, especially those which are applied locally?

Corrosive mercury has been used in cases diagnosed as specific gonorrhœa, in varying strengths and with such unsatisfactory results that many insist that the drug is a failure. Careful investigation shows that in specific gonorrhœa there are microbes, easily detected by the microscope, and that either the irritation of the disease, in its first stages, is produced by the microbes, or the microbes are the result of the irritation. At any rate, whatever the cause of the microbes or their peculiar action, get rid of them and you generally abort the disease. It has been found

that corrosive mercury of a certain strength will destroy the microbes, and then if excessive inflammation has not been produced, the disease gently dies out. Careful and repeated experiments show that a solution of one part of the drug to ten thousand of water, making about a grain to a pint and a half of water, will in almost every case, destroy these minute germs. Before the injection the matter under a microscope is seen to be full of microbes, while after the injection not one can be found. The water must be distilled, and the injection prepared fresh each time that it is used. A stronger solution than this is apt to irritate the parts and kindle up an active urethritis. A solution of less strength fails from lack of power to destroy the microbes. If the injection produces much smarting along the urethra it should be reduced, no matter what the strength. In non-specific gonorrhœa, when the microscope does not show the presence of microbes, the injection would probably fail of producing any remedial action, but in the later stages, when the discharge is simply of the character of a gleet, the solution might be used of greater strength with probable benefit. And yet even with the utmost skill in diagnosing and the greatest care in the selection and administration of remedies, we are not unfrequently compelled to score a partial or entire failure, the disease getting well quite as much by the efforts of nature as by any aid we can give her. An interesting fact may be mentioned in relation to the antiseptic value of the mercurials. From experiments made by Dr. Migard he finds that as an antiseptic the biniodide of mercury is nearly three times as strong as the bichloride, bacterial life being destroyed by one forty-thousandth part of the former and one fourteen-thousandth of the latter.

A SIGN OF SCIATICA which is little known is noted by M. DeBeurmann. The manner of finding it is by causing the patient to lie on his back in a passive condition, then the leg is slowly elevated, and flexed upon the pelvis. Immediately the patient complains of an intense pain along the track of the nerve and particularly at the nates, corresponding to the sciatic notch. The cause is the varied degree of tension exercised upon the nerves in these different positions. This symptom is a constant one and also pathognomonic. From the mechanism of this sign the author deduces the method of treating it. That condition which permits the nerve to remain in the most relaxed position is the most favorable, and to do this it is only necessary to place the leg so that it will be flexed upon the thigh, and immobilize it in that position.—*Weekly Medical Review*.

## BIBLIOGRAPHICAL.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS. Wm. Wood & Co., Publishers.

The October, November and December volumes of this library are among the best which have been issued. The October volume of the library is a very excellent and timely work on the diseases of the male sexual organs, by Wm. T. Belfield, M.D. As so much depends, in this class of diseases, upon accurate diagnosis, we are glad the author has directed special attention to means for recognition of morbid conditions. He has emphasized the familiar but frequently neglected fact that cystitis, gleet, albuminuria, spermatorrhœa are not entities calling for a routine administration of drugs, but symptoms requiring a thorough investigation of their cause. Throughout the volume he has brought out in clear light the important bearing upon treatment of the pathological factor in disease.

The November issue of the library gives us an exceedingly interesting volume by Prosser James, M.D., on the Therapeutics of the Respiratory Passages. The work is not a manual for students, but is intended for those who have entered upon the responsibilities of practice, who will find in its pages a clear and able discussion of an exceedingly important field of practice. The author's definition of therapeutics is the keynote to his work. He says the term includes whatever relief to suffering or help to restoration may be conferred, and that the therapist is the medical attendant, not the mere prescriber of more or less potent medicines, and his *materia medica* includes all those materials which may be pressed into medical service. From this standpoint the author gives us a work full of clear and forcible reasoning and practical suggestions.

The year's library closes, in its December issue with a manual of the Medical Botany of the United States, by Lawrence Johnson, A.M., M.D., fully illustrated with chromolithographs and wood cuts. In the first part the author has sketched the life history of plants from germination to reproduction. In the second part he has presented a systematic arrangement and description of most of the medicinal species, both indigenous and naturalized, which grow upon this continent, under the title "Character of the Order," and gives the prominent and characteristic features of the order as a whole, and under the title "Character of the Germs," the distinguished characteristics of the germs. The author brings to his work a thorough acquaintance with his subject and a long experience as a teacher.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twentieth Annual Session, 1884.

This goodly volume of nearly 400 pages, does much credit to the Society which it represents. From our standpoint the Society might as well be designated the Surgical Society of the State of Pennsylvania, to which branch nearly 50 pages are devoted, or the Clinical Society, which occupies 80 pages, as the Homœopathic Medical Society of Pennsylvania. The bulk of the text, and that which is of value, could just as well appear in the transactions of any medical society. There is one point just as certain as that the world moves, and it is this:—The medical societies without sectarian designation, will surely absorb all that is of value in medicine, leaving only the name to those who so persistently stick to it. Moral: Drop your sectarian designation while there is yet time, and save your organizations!



**THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY.** By THOS. ADDIS EMMET, LL.D., M.D., Surgeon to the Woman's Hospital of the State of New York; ex-President of the American Gynæcological Society and New York Obstetrical Society; Honorary Fellow or Member of the Obstetrical Societies of Boston, Philadelphia, Louisville, Little Rock, Berlin, Edinburgh, of the Medical Society of Norway, British Medical Association, Medical Society of London, Medical Societies of the State of New York New Jersey, and Connecticut, etc. Third Edition, thoroughly revised, with one hundred and fifty illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884. Pp. 876.

The advance and change of views regarding gynæcological practice has been so great since the issue of the last edition of this standard work, that the author has felt compelled to thoroughly revise the whole text, leaving out old and adding much new matter, as circumstances seemed to require. Many chapters have been nearly re-written. Many views and experiences of the author are here presented to the reader for the first time.

We cannot see why an author of the standing and experience of Dr. Emmet should be afraid to express his views, whatever they might be, for fear of jeopardizing the sale of his work, as he admits was done in the preparation of his former editions.

We are glad to learn that, in the opinion of the author, a rational course of treatment is fast gaining ground in gynæcological practice, and that he considers intra-uterine medication as one not based upon sound views of pathology. The text is admirably written, easy to read and to understand, is fully illustrated and the typography is all that can be desired. The author is too well and favorably known to require further commendation at our hands.

**DOCTRINES OF THE CIRCULATION.** A History of Physiological Opinion and Discovery in Regard to the Circulation of the Blood. By J. C. DALTON, M.D., Professor Emeritus of Physiology in the College of Physicians and Surgeons, New York, and President of the College. Philadelphia, Henry C. Lea's Son & Co., 1884, pp. 296.

This little volume traces the history of this important subject as far back as is known, and affords a connective view of the progress of science and the obstacles and uncertainties which impeded its acquisition. We know of no one better prepared than Professor Dalton for so arduous an undertaking, and the text bears us witness that the effort has been successful.

**SONGS AND RHYMES FOR LITTLE ONES.** Compiled by Mary J. MORRISON, New York and London: G. P. Putnam's Sons.

We can conscientiously give a hearty welcome to this collection of songs and rhymes, full of tender and loving thoughts, and good lessons for every-day life at home or out of doors.

Where there are so many gems it is difficult to say which are the best. Notwithstanding it was compiled for and dedicated to "lads and lassies" and "children small" we have seen older eyes moistened, as some long forgotten scene of their own childhood was recalled, and we have heard the merriest laughter from a very learned sexagenarian over Phoebe Cary's story of the happy little clam.

**THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY.** In six volumes. Vol. V. New York: Wm. Wood & Co.

The fifth volume of this extensive work contains articles on Injuries of the Head, by Charles B. Nancrede, M.D.; Malformations and Diseases of the Head, by Frederick Treves, F.R.

C.S.; Injuries and Diseases of the Eyes and their Appendages, by E. Williams, M.D.; Injuries and Diseases of the Ear, by Albert H. Buck, M.D.; Diseases and Injuries of the Nose and Accessory Organs, by George M. Lefferts, M.A., M.D.; Injuries and Diseases of the Jaw, Cheek and Lips, by Alfred C. Post, M.D., LL.D.; Injuries and Diseases of the Mouth, Fauces, Tongue, Palate and Jaws, by Christopher Heath, F.R.C.S.; Surgery of the Teeth and Adjacent Parts; Injuries and Diseases of the Neck, by George H. B. McLeod, M.D., F.R.C.S.; Injuries and Diseases of the Air Passages by Solis Cohen, M.D.; Injuries of the Chest, by Edward H. Bennett, M.D., F.R.C.S.; Diseases of the Breast, by Thomas Annandale, F.R.C.S.I.; Injuries and Diseases of the Abdomen, by Henry Morris, M.A.; Hernia, by John Wood, F.R.S., F.R.C.S. The articles are prepared by able specialists who bring to their labor not only a thorough acquaintance with the literature of the subject but the results of their own large practical experience, and are thorough, practical and exhaustive. When necessary, the articles are illustrated by carefully prepared wood cuts or chromo lithographs.

The sixth volume will complete the consideration of Regional Surgery, and also will include articles unavoidably omitted in their regular places.

HENRY C. LEA'S SON & CO., Philadelphia, continue the publication of their very excellent little manuals for students and practitioners which are intended to illustrate in a concise and practical manner almost every department of medical and surgical knowledge. The two last additions are: First, Surgical Diagnosis, by A. Pearce Gould, in which the author states those principles of diagnosis which apply in all cases and under all circumstances, making the application of those principles to the injuries of various regions. Second, The Jacksonian Prize Essay of the Royal College of Surgeons, England, 1883, by Frederick Treves, F.R.C.S., on intestinal obstruction—its varieties, with their pathology and treatment.

The subject is handled with great skill, both from a pathological and clinical stand-point and is full of practical information and suggestions which the practitioner and student will know how to appreciate.

G. P. Putnam's Sons will publish early in the new year a monograph on the new anæsthetic, entitled, "Cocaine and its use in Ophthalmic and General Surgery," by Dr. H. Knapp, and a treatise, entitled, "Acne and its Treatment," by Dr. L. D. Bulkley, a practical treatise based on the study of over 1,500 cases of diseases of the sebaceous glands.

*North American Review.*—The February number is unusually rich in the discussion of subjects which are of great public interest. Prof. C. A. Young gives the "Theories Regarding the Sun's Corona," and brings them within popular comprehension. Prof. G. Stanley Hall writes on "New Departures in Education," a subject which should be interesting to all.

The *Medical Report of the London Temperance Hospital* for 1883-4 gives a list of fifty-three cases of typhoid fever which were treated, with the result of six deaths. All the fatal cases were complicated. None of them were total abstainers. Of the abstainers who were under treatment all recovered, though some of them were severe cases. Alcohol was not administered in any case.

## CORRESPONDENCE.

## MAGNETO-THERAPEIA.

To the Editors of the N. Y. Medical Times:

IN the January number of your valuable journal there is a reply from Dr. C. de S.-Verdi, of Washington, D. C., to my first article on "Magneto-Therapeia," and I have much pleasure in responding through the same medium. I propose to reply to Dr. Verdi's paper *seriatim*, and to do so with the careful observance of every amenity and courtesy of a dignified and friendly antagonism, and with a strict avoidance of every expression that may make possible even the suspicion of a covert sneer, or hidden innuendo, such as may lurk in the frequent repetition of the phrase "our learned colleague," or "the learned gentleman," etc., for we deem all such as unworthy of an honorable encounter, and inconsistent with the chivalry of polite discussion. We will take it for granted that our colleague is armed with the "complete steel" of learning, and imbued with the full and forceful potentiality of knowledge. Dr. Verdi thus writes in the beginning of his paper: "There was something so uncommon in the above-mentioned article as to attract my special attention to its contents. Notwithstanding its merits and force of language, I fail to understand the exact sense in which the author uses the title, and I also fail to see any directions, rules or theory presented for the endorsement of his 'Magneto-Therapeia' as a practical agent in medical treatment." To this we reply that the term "magneto-therapeia" is, of itself, sufficient to indicate the cure of disease by magnetism, and if Dr. V. had restrained his impatience and waited a little for the conclusion of our argument as to the affinity and identity, as we believe, of the force known as magnetism—not electricity—with the natural nerve-force of the human organism, he would soon thereafter have been made familiar with the "directions and rules" whereby this force is now made subservient to therapeutic purposes, and to the eradication of disease, whenever curable and in whatever guise it may present itself.

Again, "Is it animal magnetism, from one individual to another, or is it magnetism, pure and simple, from a metallic source, hence an artificial magneto-electric instrument? If the former, he, Dr. C., has not demonstrated its uses and its advantages, but if he has discovered any, I shall be glad to learn its usefulness in a practical and therapeutical sense."

To this we would answer that, at the end of this article, the nature of the remedial agent will be explained in a very few words. "Dr. C.'s paper asks a series of very pertinent questions upon cellular physiological functions, and their peculiar characteristics as agents of vital force. At the very beginning of this article," Dr. Verdi goes on, "I must say that the answer can only be approximately given, for, as the learned gentleman knows, there are unfortunately many points which even science, so far, has failed to make perfectly free from uncertainty." With all due respect, we would say to this that Dr. Verdi has failed to see our purpose in asking questions as our article proceeded. The interrogatory mode of speech, or of committing thought and expression to paper, is generally admitted, we believe, to carry with it a certain amount of cogency and force. Especially is this the case when an interrogation is used, not so much for the purpose of eliciting an answer to the question as to call attention to, or to revive the recollection of, opinions given, pro or con, by scientific or other discoverers or writers upon any given subject or subjects of dispute among them. The very acknowledgment made above by Dr. Verdi, when he says that "an answer can

only approximately be given to many points of science" is evidence of the appropriateness of interrogatory discussion, and of the legitimacy of any suggestion that may be made, whose object shall be to solve, if possible, the matter in doubt or dispute. "We are asked the following question," says Dr. Verdi: "'Is aphasia an anæmic or bloodless condition of the brain?' It certainly can arise from anæmia, but other causes may also produce it. A bloodless condition presents only death, and not a pathological condition for medical discussion." To this we reply, that, by reference to our article, it will be seen that we mentioned *only a few* of the producing causes of aphasia, without going more minutely into many others fully laid down in the books, and therefore well known and familiar to the profession, but with which he, Dr. Verdi, has, as we think, unnecessarily lengthened out his paper.

Here we must again protest against another misinterpretation of our language by Dr. Verdi. We did *not* say, "Is aphasia an anæmic or bloodless condition of the brain?" We distinctly stated that the affection known as aphasia was now, "in these days of more accurate and searching investigation, and a more critical localization of the brain, found to have its home in Broca's convolution, third anterior cerebral," and then cited *a few* of the causes producing aphasia, among them an anæmic or bloodless condition of the brain. As respects our use of the expression, "a bloodless condition of the brain," which has been so facetiously interpreted by Dr. Verdi, is it possible that it is incumbent upon us to explain, that it was used in a comparative sense, and not designed to signify the exæmic or exanimate condition of death? The necessity for any such explanation would seem to do violence to our high estimate of his capacity and intelligence.

Again he says: "the question is asked, 'Is there any ultimate fundamental structure of the brain, whose properties and functions resemble those of the magnetic currents?'" What we *did* say was the following, as will be seen by reference to the November number of this journal—we quote our own words: "Before discussing the *rationale* and mode of its operation and application to the disease before us [paralysis], it would be well to look a little into the ultimate fundamental structure of the brain, and see if we can there discover any element of that structure whose functional properties can be supposed in any way to resemble what we know of the transmission of magnetic currents." Then followed, as our readers will perhaps remember, a general description of the cell structure of the cortex—by no means intended to be critical, nor did we wish to load down our paper with wholesale extracts from books, which would have been a twice told tale to the profession—also of the nuclei and nucleoli of the nerves of special sense, and their exquisite vitality, composed as they are of the "substantia gelatinosa" of Kölliker, Meynert, etc., etc. We also made current reference to the cell deposits (vital) occurring all through the general nervous system, which preside over respiration, circulation, digestion, etc., because they are the potential factors of the functional activity necessary to the constant fulfilment of these vital energies. Then we asked the question, "Whence comes this potentiality?" and followed it up by saying that "the physiologist will say, from the inherent vitality of the cell and its constituent elements."

We must here cry "peccavi," and repeat now what we then declared, that, with all due humility at our rashness in questioning Dr. Verdi's imposing array of physiological authorities, there is *no* satisfaction in his solution of the mysteries of the processes of organic life by his repetition of the views of physiologists respecting these processes. We will grant the "vital force that arises from a process of decomposition and

molecular disintegration"; we will grant that "during the dynamical transition and separation of atoms, an attraction of molecules takes place from an inherent *static force*, existing within the matter, self-acting, and with energy of its own ('intense vitality')." But here we are confronted with the final and crucial inquiry, which forces itself upon us, and which demands a more convincing explanation than can be found in the vague term "*static force*." What is this "self-acting and energetic static force"—that is just what we're trying to get at—through whose instrumentality all the marvellous phenomena of organic life are brought into being, and made to run their various phases of inception, maturity and decay? Here the doctor kindly refers us to the experiments of Nobili, Matteucci, Du Bois-Reymond, to which we might add those of Pflüger, Pfaff, Donders, Guérard, Longet, Prevost and Dumas, Claude Bernard, Brown-Séquard, in affirmation of the existence of these forces.

We thank Dr. V. for this thoughtfulness on his part, but inasmuch as all these questions relating to the nervous system and its powers, and all the experiments and experimenters referred to have often been the theme of our discourse when lecturing upon this interesting and mysterious portion of man's organism, in our lectures upon anatomy and physiology for many successive years in this city, and which can be attested by hundreds of our pupils, Dr. V.'s suggestion, though, no doubt, kindly meant, was hardly necessary. Yes, dear doctor, we well recollect with what gusto, and with what sonorous emphasis, and after refreshing our memory from the teeming pages of "Flint's Phys." we rolled "*electrotonus*, *anelectrotonus* and *catelectrotonus*" *ore rotundo* from our tongue, and were often amused at the wide-eyed dismay of the student on hearing the sounds that might possibly salute him at the final examination. We have rung the changes also upon the "Equatorial Axis." We have passed through all the mutations of the restless polarities, atomic molecularism, *e tutti quanti*, and at the last had to face the humiliating fact that we but repeated Hamlet's reply to Polonius: "Words, words, words."

We might cite other opinions in support of Dr. Verdi's argument respecting atomic force, molecular attraction, etc., beginning as far back as the "*Diakosmos*" of Democritus and his successors, Epicurus and Lucretius, thence onward to Giordano Bruno, Gassendi, Bacon, Descartes, Hobbes, Locke, Newton, Boyle, and still later, Loschmidt, Storey, Sir William Thomson, Williamson, Maxwell, and, if we dared to venture into such an august presence, might cite from a paper written by ourself and entitled "*Primeval Imponderability, its Powers in Creating Matter, and its Subsequent Influences upon Organic Form and Substance*." This, however, unhappily died in its birth, having been nipped by the chilling frost of hypercriticism. The pathetic story of its short life runs thus: We presented it for publication to the "*scientific man*" of one of the leading scientific—so-called—journals of this city. While undergoing his critical inspection he was stricken with illness, whether as the effect of the perusal of our paper or not we have not been informed, but by and by were most distinctly informed that it was too scientific for the journal, as their articles were for the public generally, among whom were mentioned lumbermen and such like. Our reply was, that as it was not written or intended for lumbermen, we were glad to withdraw it, and now it is accumulating the dust of time on our shelf.

We turn now, Messrs. Editors, in conclusion, to the subject matter which has given rise to this friendly controversy, and for which you have kindly loaned your valuable columns. In as few words as possible we will endeavor to give practical

expression to our ideas upon "*Magneto-Therapeia*," or the cure of disease by magnetic currents *continuously* applied. It will be remembered by the readers of your journal, who were kind enough to look through our last article in the January number, that, at its conclusion, we cited an experiment by M. Zeigler, of Geneva, by which the effects of magnetic currents, even by radiation, upon the living animal, were plainly demonstrated, and that normal physiological manifestations were superinduced by even a transient impaction of the rays. Now, this simple experiment, in our opinion, which we offer with all due submission to superior judgment, is worth a volume of the theories of Matteucci, Nobili, etc., and establishes to our mind the following facts: That magnetic currents can, and do, originate and sustain normal physiological function; that this could not be done unless they coursed through a receptive and congenial medium in the nervous matter; that they are *constantly* animating, impelling and fructifying the elements of the nervous substance, whereby organic forms are being produced and reproduced as long as life lasts. And lastly, that they indicate an identity between nervous power and the action of the force known as magnetic, by whose instrumentality physiological functions are carried on, during health, until morbid or pathological hindrances retard or interrupt their transmission. Here we repeat what was said in our first article relating to the causes of the establishment of disease in the body. *First*, because of the interruption of indispensable cell, ganglionic and nerve stimulus. *Second*, because of the interruption of indispensable blood circulation, arterial, venous and capillary, and all other forms of circulation in the body. *Third*, and most important of all, because, of the interruption of indispensable *magnetic* force which compels the due performance of all these functions, by its *continuous* presence in health, and which leaves them unperformed, with all the dire consequences proceeding therefrom, because of its absence in disease. And now, finally, can this normal force, when impaired, weakened, or exhausted by disease, be restored, and, by its restoration, renew and reanimate the flagging functional activities of the organism? We answer hesitatingly that it can be restored, and can give such proof to any man, be he professional, layman or other, as will challenge his belief and make it hard for him to resist, even though he be enveloped in the pachydermatous impenetrability of unreasoning bigotry and prejudice. We all know the unwillingness of the profession at large to sanction, or indeed, in many instances, to give a moment's consideration to anything that may seem to have about it the faintest odor of so-called "*irregularity*." We have seen the belligerent hosts of "*old code*" and "*new code*" in battle array, inspired with an impetuous zeal in defence of their respective insignia, and "*eager for the fray*." We have been witnesses of a most unworthy effort to bring discredit upon, and to extinguish a shining light from their midst, impelled, as we are forced to believe, by professional hate, because of the entertainment of a more liberal construction of the duties of the physician, whereby the noble art of healing is sought to be made the instrument of good to "*all sorts and conditions of men*," and to remove the barrier of pride and exclusiveness, so that the benefits of an enlightened profession may be freely extended to all, and the name of physician and healer may take the place of arrogant pretension and the intolerance of individual and sectional opinion. The Sangrado of Le Sage's fiction exists to-day, and, as we know, the inflexible lancet and hot-water policy, in other forms, is still a power among us. But, thanks to a more enlightened liberalism, and to progressive and irresistible science, whose eagle eye is ever peering into the arcana of Nature's laws and her mysterious operations, the perils



which beset human life on every side are lessened, the span of life prolonged, and the evil hour, though it may be for a time, deferred. To this same spirit of liberalism are we indebted for a constantly growing willingness, on the part of the profession, to look into and investigate the principle of cure by magnetic continuity.

From day to day we observe with great satisfaction that the evidences and proofs of the efficacy of this remedial agency are being recognized more and more, and a large and increasing correspondence brings frequent inquiry from physicians who have exhausted all the resources of their art for the benefit of patients worn out with the pain and suffering which ineffectual medicine has failed to relieve. The method by which the body is kept constantly in the receipt of the magnetic influence, is a very simple one. It consists in the wearing of appliances containing a series of magnets, from which innumerable currents are intramitted into the body, and which silently and imperceptibly begin and continue their remedial influences through the general nervous system. This, as has been already shown, being the great supervising power whereby all the functional phenomena which maintain life are kept in active operation, its influence is felt to the remotest parts of the organism. Should it falter or become enfeebled by the pernicious effects of disease, its energies may be renewed by the artificial introduction of the element which it has lost—its magnetism—and the current of life and health again begins to flow through "the gates and alleys" of the body, until disease is gradually expelled.

J. A. CARMICHAEL.

### MODERN EDUCATIONAL METHODS APPLIED TO MEDICINE.

#### THIRD LETTER.

To the Editors of the *N. Y. Medical Times* :

In two former letters I have shown that our medical colleges have not kept pace with other educational institutions in adapting themselves to modern requirements and conditions, and that the cause of the failure so to do was to be traced to the fact that their professors were eminent, if at all, as practitioners and not as teachers in the best modern sense of that word. I argued that inferiority as teachers was shown by the prominence given to lecturing as a means of instruction, by the ill adaptation of the course to the requirements of the student of to-day and by the crude and amateurish methods of conducting recitations when those were attempted, their object being usually to discover what the student already knew rather than to instruct him. I pointed out further, that a failure to individualize students marked a poor teacher, and that individualizing was impossible where the teaching was in the hands of specialists who made teaching a minor and secondary consideration instead of a life work.

It remains to consider the course of instruction laid out by the colleges a little more in detail ; and here I touch upon a subject that is attracting a good deal of attention on the part of medical educators and that is often discussed in medical papers.

In laying out a course of study the medical college should consider its obligations in three directions : First, and most important, toward the public and the profession, that it may protect the one from unworthy and incompetent practitioners and the other from ill-prepared and dishonoring members ; second, toward the student, that it may open to him the portals of the profession most effectually, giving him the firm

foundation for his future studies in the way that shall best economize his time, means and energies ; and third, toward itself, that it may win as much fame, and money for its faculty, as much respect for its diploma, and as many names for its catalogue as possible. That course will best serve in each one of these directions which best serves in all of them. A college which sells its diplomas for so much money seeks only its own advantage, and very soon finds itself out of existence. A college that tries to give what it thinks its students demand, or what the professors think is good for the students in the abstract, soon finds its halls deserted for institutions where the demands of the public and the profession are more wisely considered. The college whose students are best trained in the art of thinking is the one that in the long run will best serve the community, the student and itself ; for nothing is so helpful to the public, so honorable to the profession, so essential to the student, so hard to teach, and so rare, as thought. But if the students are to be taught to think, the professors must begin by doing some thinking first, and I would suggest this course of study as a theme affording splendid opportunities for practice.

That the ordinary course, as at present arranged, is unsatisfactory to the colleges themselves is evident, because so much is said about it, and so many modifications are proposed or discussed. But the tendency seems to be to make these modifications on the basis of the supposed needs of the student. For example, the student sees that the country is pretty well supplied with general practitioners, and that certain specialists seem to be better able to collect gilt-edged fees than are general practitioners, hence he argues that it is his interest to become a specialist. The colleges, in response to this desire on the part of students, provide lectures by specialists on all the ologies, and many students, after graduating, take a short special course and announce themselves as specialists. However much such a plan may be for the interest of the college and the student, it is not for the interest of the public or the profession ; for the specialist who has not added his specialty to such a thorough knowledge of general medicine as he can only gain by some years of practice, is as certain to blunder and bungle in a way not to the advantage of his patients or to the credit of his profession, as he is to treat the cases that fall into his hands. I know whereof I affirm in this matter, for I was myself a victim of specialists for years and have been the patient of one man, among others, who is recognized by the whole profession as the peer of any man living in his specialty ; yet, when he, after three months' treatment, discharged me, cured, I was really worse than when I went to him, and I was finally cured by a general practitioner, who did not claim the slightest special knowledge in the direction in which my trouble had been thought to lie. How often have I known of cases in which surgeons, gynecologists, ophthalmologists, and their brother specialists have looked grave and proposed operations, and then seen the patient cured by the wise general practitioner who was able to fully grasp the patient's condition in its totality ! I wish the specialties could be restricted to post-graduate schools, and that they would refuse to accept any student whose diploma in medicine was less than five years old. But undoubtedly that is too much to hope for at present.

The common complaint is that the students are overworked during the lecture course, and the commonly-expressed opinion is that the term of study should be lengthened both in the number of years required and the time given to college work in each year ; but the tendency, nevertheless, is to crowd still more work upon the student in the present term.

Yet there can be little doubt that much of the work done is

practically wasted. It is a prevalent idea in medical colleges that anatomy is the basis of medical studies, and each professor of anatomy personally resolves that his students shall not escape his clutches till they know the subject thoroughly. But the well known fact is that doctors, as a rule, forget about four-fifths of all the anatomy they so laboriously learned, before they have their examinations a year behind them; and yet the doctors do succeed in making cures. I do not believe there are twenty-five doctors in New York city, who are not distinctly known as surgeons or immediately connected with the teaching of the subject, who could come up, without notice, and pass such an examination in anatomy as will be required next spring of the students in the College of Physicians and Surgeons. But in spite of that fact, if it be a fact, many of those doctors are skilful and accomplished physicians. There is no possible doubt of the importance of anatomical knowledge to the medical man, but it is greatly inferior in importance to that subject of which it really is but a department, physiology, a subject to which much less attention is usually given; and even hygiene should outrank it, although the latter subject is often treated only incidentally in the course. The time spent in memorizing a minute description of the sphenoid bone or the ramifications of the celiac axis, is almost wasted unless a man is aiming to become an expert surgeon. The same is true of the whole subject of embryology as sometimes presented from the chair of obstetrics. These subjects are not practical, and therefore in an age like the present neither the student nor the college can afford to allow them the time they now consume.

And this leads me naturally to speak of the "practical work" of which so much is said in some of the recent announcements. Of that kind of teaching there could hardly be too much, but here, too, the wise teacher will usually find a better way than will his amateur imitator. Undoubtedly a student will learn more, and remember better what he learns by practical work than he will by any other method, still in this hurrying age it will be impossible for him economically to re-discover for himself all the facts of physical science adapted to his future professional work; hence he needs to have his investigations arranged for him in proper sequence, and to have them introduced in proper relation to his book studies so that he may have an intelligent idea of what he is to observe and do in his practical work. A stethoscope in the hands of an untrained student who has only a layman's ideas of bronchitis or heart disease, is not a very serviceable instrument; but after he knows what to listen for, five minutes with the instrument would be worth to him five days of lectures on râles. With regard to clinics much is often lost through the want of relationship between didactic and clinical instruction. In fact I very much question if "abundance of clinical material" expresses a real advantage. It ought to mean that the professors have opportunity to select such cases as will illustrate their subjects at the time that they require illustrating. What it usually does mean is that there is so much material that five or six patients are hurriedly shown to the students in the time that they might more profitably spend in examining one case thoroughly. It is small advantage to a class to have brought before it in rapid succession patients to whom the professor addresses questions the answers to which the class cannot hear, and for whom the professor prescribes in rapid succession perhaps *wyethia*, *badiaga*, *dolichos* and *ocymum*, with two or three remarks on each drug, while the lectures are upon the potashes or the mercurials. Such clinics do not present the professors in the light of thorough and competent teachers, yet better things can hardly be arranged so long as the professors run in from the hurry of a

large private practice to which their minds are given, to lecture for an hour on whatever happens to present itself. We want abundance of clinical instruction but we do not need very much clinical material in order to have it. We need better teachers, not more subject matter.

To sum up and arrange the whole matter, our medical colleges ought to require of students at their matriculation, evidence of proficiency in the English branches, the metric system, Latin grammar, and the Latin language to a moderate extent. The faculty should be small and made up of expert teachers whose chief business in life shall be educational and who should call to their aid as many lecturers on special subjects as they may think expedient. The course should consist of three years of nine months each, devoted chiefly to recitations and practical work, and should aim not to make a full-blown physician ready to treat any and every disease that falls in his way, but an observing student well acquainted with the laws and appearances of health and the evidences of deviation therefrom, trained to investigate these deviations, to think out and if possible to remove their causes, and sufficiently well informed in regard to the gravity of certain conditions and symptoms and the powers of drugs to be a safe man to trust in the sick room where his real medical studies must be made. During his first year the student should learn physiology, hygiene, anatomy—by book, demonstration and dissection—chemistry and toxicology. During his second year he should be introduced theoretically to the various diseases as described in works on practice and including obstetrics; he should begin the study of *materia medica* and be set practically at work in analyzing urine, etc., handling the microscope, applying bandages and dressings, and studying the living body in health. During his third year he should continue his studies in *materia medica* and disease, learn something of histology, medical jurisprudence, general pathology and the various special subjects including major surgery, with all of which he should hardly be expected to make more than a cursory acquaintance, and he should be put practically in contact with the diseases studied the preceding year and be compelled to make his own diagnoses and lay out his own plans of treatment under the supervision of a professor, and he should also be required to conduct labor cases. Throughout the course his marks earned at recitation should be his only examination by the faculty, and his clinical reports should take the place of a thesis. His final examination should be before a State Board, or a Board of Censors chosen outside of the teaching faculty, and as a part of it he should be put in contact with actual sick persons and be required to make his diagnosis and lay out a plan of treatment. His college should provide for him several post-graduate optional courses, to which however he should not be entitled to admission until he had had some practice, and to these post-graduate courses should be relegated all such subjects as ophthalmology, otology, major surgery, mental diseases, histology, general pathology, morbid anatomy and the like. During the undergraduate course general lectures on these subjects can be profitably introduced wherever room can be found for them, but their careful study can safely enough be postponed and made optional. We need a better quality of study and teaching far more than we need to post up the young general practitioner on all the minor medical branches.

HENRY G. HANCHETT, M.D.

NEW YORK, January 10, 1885.

#### OUR LONDON LETTER.

To the Editors of the *N. Y. Medical Times*:

IGNORANCE and prejudice are making a hard fight for it, but it would seem that they are not going to have it quite all their

own way. An extract from a note in the *Medical Times*, of December 13, on a discussion before the Medical Society of London, on intussusception, may be taken as an indication that the minds of some at least have a small chink open to receive rays of daylight. Here is the extract, the note of exclamation being the editor's, of course, and shows that *his* mind is in the orthodox and approved state of absolute obscurity: "Dr. Day referred to a case which he had successfully treated by enemata and two minim (!) doses of tincture of belladonna. Dr. Routh also spoke of the value of this drug; but in such small doses that we should not expect any assistance from it."

In an article on "Sydenham" in the same journal, the writer quotes these passages from the writings of the great man: "In all acute and most chronic diseases there is something *divine*, or some specific property, which is not discoverable by a search into the structure of the human body, and, therefore, accurate observation of symptoms is of more value than mere anatomy." \* \* \* Sydenham censures "those who hope for too much from chemistry, for the principal defect in medicine is not a knowledge of specific remedies, but of *indications* to be answered." \* \* \* "The discoveries and assigning of remote causes which express the thoughts and feed the vanity of many curious inquirers, is an impossible attempt, and only the immediate and consequent causes fall within the compass of our knowledge: thus diseases may be cured though their remote causes are absolutely undiscoverable." Substitute for the word *divine* the word *spiritual*, and no one would know that these passages were not taken from Hahnemann. The writer of the article informs us that Sydenham "encountered great opposition from many of his contemporaries, and was looked on by them as a mere quack." Happily for Sydenham's reputation with his immediate posterity, he was not as far in advance of his age in the matter of treatment as he was in the philosophical way he had of looking at diseases. Hahnemann is doubly condemned. It will take much longer for his posterity to find out that he was not merely not a quack, but the most original and most scientific therapist of his own or of any age.

A case at the National Hospital for Epilepsy and Paralysis has made a great stir in medical circles. The patient, a man between thirty and forty years of age, was suffering from a tumor of the brain. Dr. Hughes Bennett diagnosed the case and the position of the tumor, and Mr. Godlee operated and extracted it. The tumor was a glioma. The patient lost all his pain, but the wound did not get on very well. A hernia formed and was shaved off; and the latest accounts say he is more paralyzed than he was before.

On this case as a text, some person who was evidently ashamed of giving his name, but not ashamed of putting that of the Royal Society to his sentiments—he signed himself "F.R.S."—wrote a ridiculous letter to the *Times*, saying that here was a case that was the direct outcome of Fenier's experiment. Clinical observations, he said (herein directly contradicting Charcot and Pitres) had done nothing to enable us to localize tumors of the brain. The man "owes his life, and his wife and children their rescue from bereavement and penury," to Fenier's experiment; and all this at the ridiculously low figure of "the sacrifice under anaesthetics of a few rabbits and monkeys." The Bishop of Oxford replied, in a letter which appeared in the *Times* of December 19, that "pity for the suffering, whether of men or other animals, is a part, and a very noble part, of human nature; that to destroy it is to do mankind a greater injury than any which uncured disease can inflict." Your correspondent pointed out that it would have been more decent if "F.R.S." had waited till the cure were complete; that it was impossible to form any argument upon

it until all the details were given; that clinical and pathological observation *had* given us all the reliable information we possess of cerebral localization; but that, supposing the case did justify vivisection, it must justify *human* vivisection, since the experiments of Sciamanna on the brain of Rinalducci, and of Roberts Bartholow on the brain of Mary Rafferty had given us some knowledge of cerebral localization. Mr. Ernest Bell showed that "the sacrifice, under anaesthetics, of a few rabbits and monkeys" was scarcely an adequate statement of the amount of suffering entailed in Dr. Fenier's research; that Dr. Fenier, in his evidence before the Royal Commission, had thanked a friend for "a liberal supply of pigeons, fowls, guinea-pigs, rabbits, cats and dogs for the purpose of my research"; that anaesthetics were only occasionally used, and that signs of pain were very frequently observed.

An amusing letter appeared in the same issue from a correspondent signing himself "W.," who wrote to confirm what "F. R. S." said as to the "extraordinary power Prof. Fenier possesses of localizing brain disease. It appears that the son of this correspondent, a youth of 19, had an injury to his head, in India, and this was followed by fits. Nobody did him any good there, and so he was brought to consult the great "localizer." The "localizer" wished to see him in a fit, and his wish was soon gratified. "He then placed his finger on a particular part of the boy's head—'Any pain there?' 'Yes, I should think there was!' 'All right,' replied the Professor." His treatment then began. What it was "W." doesn't say. It may have been "Holloway's pills and ointment" for anything that appears to the contrary. The youth recovered, and the happy parent fully believes that it is impossible for the sagacious surgeon to feel dints and soft places in people's heads unless they have vivisected monkeys!

But the most remarkable letter that appears on this day was from a young surgeon rejoicing in the name of Charles Egerton Jennings, M.S., M.B., F.R.C.S., Eng. This gentleman conceived the brilliant idea of giving himself a glorious advertisement. Sir Spencer Wells had recently mentioned him; the world must be thirsting to know what Sir Spencer thinks. "Sir Spencer," replies, in effect, the obliging Jennings, "thinks me a very fine young man." These are the words Mr. Jennings quotes from Sir Spencer's address for the benefit of the readers of the *Times*: "At my request, a young surgeon, Mr. Jennings, from whom I hope and expect great things in the future, has recently cut away portions of the intestines of dogs," etc.

Mr. Jennings recently gave an account of these experiments in the *Lancet*. They all failed. One of the victims he left for fourteen hours, the second night after the operation, tied up. Imagine leaving a human patient, after such an operation, for such a time! The next morning he found that another dog, tied up in the same room, waiting for the same fate, having more humanity than the human animal (to speak after the fashion of Darwinists), had freed itself to go and help the sufferer, had given such help as it could—gnawing the cords that bound its friend, and so setting it free, though not free from its pain. The animal was found in the morning, loosed from its bonds, lying on its side, dying of peritonitis, and its sympathizing friend became the "subject" of the next experiment. The first animal was "a black and tan bitch, weighing 16.3 pounds;" the second, a "bitch weighing 16.3 pounds." Those items "black and tan," and the weight to a fraction, give a great air of the scientific to the proceedings; but seeing that patients are not weighed, nor the color of their skin particularly noted, before being operated on, there is no ground for comparison. It is true Dr. Lauder Brunton did say once that "it would be more scientific" to weigh patients before



prescribing the dose; but even he would hardly say it would be more scientific to weigh a patient before extracting a tooth. To experiment as Mr. Jennings did on those poor dogs, and then to suppose he had fulfilled all the conditions necessary to making his experiments comparable to operations on sick human beings when he had taken their weight and the color of their hair, only shows that he is as much wanting in the true scientific spirit as in humanity, and as much wanting in both, as his letter shows him to be in good taste. If these are the first fruits of Sir Spencer Wells' sponsorship, it is impossible to guess what the "great things in the future will be like." These experiments were an outrage on common sense, to say nothing of common humanity. But Mr. Jennings assures the world, in the same letter, that he has invented "the only safe way" of performing transfusion—no other genuine! He tells a (literally) blood-curdling story of a poor man who was "within a measurable distance of eternity" (wherever that may be) from pernicious anemia, and who was nearly sent there by the clotting of the blood on transfusion being performed (by a method not that of Mr. Jennings). The man only just escaped. What this has to do with Mr. Jennings' discovery does not seem very clear; but it was a touching story. Let us hope the poor man is now at an "immeasurable distance" from eternity!

The young genius of the *Medical Times* has got off his Christmas joke. It was in an article—appropriate to the festive season—on diet. "Forbid cheese," says the gifted one, "and the stomach will soon take it into its head that cheese is of all things the most indigestible." And again, "The question is, who shall be master, you or your stomach, and woe to you if you let it get the upper hand."

Verily these be marvellous freaks of a hollow viscus!

Yours fraternally, JOHN H. CLARKE, M.D.

Christmas Eve, 1884, 15 St. George's  
Terrace, Gloucester Road, London, S. W. }

## THE NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

To the Editors of the *N. Y. Medical Times*:

"Two souls with but a single thought,  
Two hearts that beat as one."

WE well remember, aye, we can never forget the intense satisfaction we experienced when, in our youth, we first listened to the play "Ingomar". Of course, Messrs. Editors, your readers are familiar with the play and many of them have, no doubt, dreamed of the time when he or she might experience the delights of representing in person one of the "two souls with but a single thought". But no one this side of Salt Lake City, unless by chance some horrid Mormon got away from home, ever supposed it possible for more than two hearts to beat as one, until a few of us had the scales taken from our eyes last evening at the meeting of the County Society. Why, Messrs. Editors, two souls with but a single thought isn't anything. Last night there were at the Society at least six souls with but a single thought and we strongly suspect there might have been three or four others, making in all nine or ten, though all of these souls did not come to the front with resolutions. The way we found out about this wonderful unification of spirits was like this: The new President was in the chair, and, when the proper time came, delivered his inaugural, which was a learned and carefully prepared paper, but bristled all over with plans and suggestions for more painstaking and useful work in the Society, while there was foreshadowed some eminently aggressive

work which, it was suggested, the Society should undertake. To all ordinary minds, plans so deep and far-reaching, require time for reflection, as one is not always quite certain whether he is prepared to comprehend the true inwardness of a brand new policy; but bless you, Messrs. Editors, there was not the slightest trouble from that source last evening. No sooner had the President taken his chair than there began to arise from the depths of sundry overcoat pockets, such a deluge of "resolutions" as it had never before been my fortune to see poured in upon the Society; and the curious part of all this was, that each and every resolution contained an exact reproduction of some one or more original suggestion contained in the President's inaugural. When the first resolution of the batch was offered we felt a little uncomfortable, as it seemed to us hardly right for an ordinary lay member to seek to give the meeting the impression that his brain had been racked over the same medico-political problems which the new President had been a month in elucidating, but when another, and another, and another, each in turn followed with a separate set of resolutions, each set embodying some principle set forth in the inaugural, we felt that such an indignity had never before been offered a president of the Society, and, moreover, we felt like getting up and telling these young gentlemen just what we thought of such an exhibition of medical ethics. Venturing, however, to raise our eyes, we discovered the President wearing his blandest smile and each of the resolution offerers ditto, which showed even to our slow mind that the gentlemen were fully *en rapport*. Here was a solution to the mystery; what my blood had tingled over as a supposed insult to a new officer, was only an exhibition of a beautiful blending of souls and hearts, not two souls but six, seven, eight, perhaps nine or ten, with but a single thought, and an equal number of hearts beating as one. We cannot begin to tell all the plans which are to be undertaken by the society as foreshadowed in the inaugural and resolutions, but there was one thing we did not get quite clear, about the officers holding a separate meeting before each regular meeting of the Society; and we could not help feeling that possibly it might resolve itself into meaning that common mortals, like ourselves, would be so overwhelmed at the regular meetings, by the new ex cathedra plan of conducting that we might be altogether overlooked which—and we say this with all modesty—would be a terrible loss to the Society. Perhaps we shall learn more about the new plans at the next meeting.

There was one of the resolutions which looked to enlarging the influence of the Society through the inspection of all the homœopathic institutions in New York County. Now anything which would enlarge the influence of the Society is of some consequence, but how this is to be done puzzles us a little. We cannot see how the trustees of the Hahnemann Hospital, for example, will consent that a committee from the County Society shall investigate the workings of their hospital.

There was one member (a woman) who asked the Chair what real power or capacity such a committee would have, but the Chair did not condescend to answer, and of course no one else paid the slightest attention to what she said. It was hardly to be expected that any attention should have been paid when she exhibited such poor taste as to ask a question which looked like casting a doubt upon the action of the harmonious hearts and souls present. We feel that the women ought to be very well satisfied when they are tolerated at all in the Society without attempting to stir up discord by asking impertinent questions. We must, however, in justice, say of them that in general they are orderly, coming and going without making any disturbance. Whenever we find out, Messrs. Editors,

what comes of all this fine castle building for the work of the coming year in the Society, and especially when the committee reports upon the condition of all the homœopathic institutions in New York County, we may, if you consent, write you again. In the mean time, we can but regret that Maria Lovell had not waited until now before translating "Ingomar" for us—she could have had so many more souls with but a single thought, and hearts beating as one.

OBSERVER

NEW YORK, Jan. 15, 1885.

### "THE STORY OF MY LIFE."\*

To the Editors of the N. Y. Medical Times:

If a young man just starting out in his profession should come to us for advice as to the proper course to follow in order to attain success we should direct him to read the lives of the great men who have reached the top; read the admirable biography of Sir James Y. Simpson; read the life of John Hunter; of the great Velpeau, and read "The Story of My Life," by J. Marion Sims.

The only regret we have after reading this autobiography is, that it is not more complete; and while it does tell the story of his early life up to the time when his genius and great discoveries were fully recognized, the last twenty years of his eventful career is an untold tale with the exception of a few letters to his wife inserted in the appendix.

The book is introduced to the public by a graceful introduction by Judge Mackey, of Washington.

The simple confidential style in which this book is written has an incomparable charm for us. It is the simple narrative of a man of humble but good birth, raised in a little country town, starting out in life as an ordinary country physician, and, finally, showing the world that a great genius in a new field of surgery had come to make it the better for his having lived. This story shows us the very nature of the man. His playfulness and hopefulness we can see cropping out on every page. We doubt if any one can read his story of the one-eyed, pock-marked and thrashing school master, Mr. Quigley, without a hearty laugh. The story of the flax-haired, blue-eyed, seven-year-old James Smith, and the way his best clothes were ruined by this school master, is simply perfect. In the recital of his early professional life, when fortune at a time seemed to frown on him, he shows that wonderful hopefulness which carried him through five or six years of ill health, through the trying period of his first years in New York, when he struggled for his Woman's Hospital, without money, with little professional support, and with but a few devoted friends who saw his genius.

The possession of true genius often seems to dwarf the man in other respects; to make him intellectually, emotionally, or morally unbalanced. We could cite many examples of this. But the great surgeon Sims was a loving husband, a devoted father, a thoroughly good man, who, while appreciating his own worth, was always the same open hearted, generous, playful, modest man.

A few insignificant objections have come to us, yet hardly worth mentioning. The following sentence, though forcible, comes too directly from the shop: "A man may have a few eccentricities or foibles, or weaknesses, and he is like a poor woman with leucorrhœa—it weakens him all over."

Up to the time that Sims went to practice in Alabama his life was a very ordinary one in the sense of giving promise of

his later attainments. He passed through his school and college life without showing any noticeable ability in one way or another. The first evidence of unusual talent was seen after his removal to Alabama in 1835 when he began to attract attention as an expert operator in general surgery.

The story of the origin of his speculum, his silver suture, and his operation for vesico-vaginal fistula looks providential. One does not meet often with vesico-vaginal fistula in a country town, and yet, all at once, he has several cases brought to him as though inviting him to begin his great work; and he did begin it step by step; his inventive genius carried him to his perfected speculum and silver suture, and after many attempts and many failures he places the operation of vesico-vaginal fistula upon an assured and scientific basis. His mission may be said to have been completed with the exception of showing the world his work; and this he did as rapidly as the world was willing to be taught. His conception of the Woman's Hospital began with the little cabins adjoining his house, where he treated and supported at his own expense the negro women on whom he first operated. From this to the present building in New York was but a step, and yet that step required several years of labor and push, and all the magnetism of his ambition, enthusiasm, and hopefulness.

His labors in Europe read like a fairy tale; they are well known.

Young and old can read this book with pleasure and profit. It shows that an upright life, hard work, energy, determination, hopefulness, a good heart, and last but not least, a good wife, are the roads to success.

Judge Mackey closes his introduction with these appropriate words:

"Dr. J. Marion Sims has left a name that the world will not willingly let die. The members of the medical profession throughout the United States may truly exclaim, on contemplating his great achievements, in the words of the inscription above the statue of La Place, in the hall of the French Academy of Science: 'We were not needed for his glory; he was necessary to ours!'"

E. R. CORSON.

### SECTARIANISM IN MEDICINE.

To the Editors of the N. Y. Medical Times:

THE position taken by the NEW YORK MEDICAL TIMES with regard to sectarianism in medicine should meet with the approval of every honest scientific medical man of any school in the land. The age of bigotry is fast passing away, and in its place, there is springing up in the minds of all thoughtful and earnest seekers after truth, broader views, together with a more comprehensive rendering of the name Physician. Too long have we been fighting the air, too long have old and new school been engaged in a battle with windmills, losing sight of, the real foe, disease, which it should be their mission to conquer. The whole domain of medical practice has been considered to be therapeutic, and allopath and homœopath have fought each others' therapeutical peculiarities, as if the whole science and art of healing the sick was confined in the materia medica.

Without reviving and reiterating the causes of difference, let us commence anew, putting behind us all bitter thoughts of past controversies. Let medicine be catholic, let distinguishing adjectives be dropped. Let allopath and homœopath join hands under the name Physician.

Far be it from me to decry the discovery of Similia. Let it rank, as it does, and always will, among the scientific discoveries in medical knowledge—as one of the method seemingly useful in the cure of disease, but not as a distinctive system needing that its believers should separate themselves

\* THE STORY OF MY LIFE. By Marion J. Sims, M.D., LL. D. Edited by his son, H. Marion Sims, M.D., New York: D. Appleton & Company. 1884. 8vo., pp. 471.

under a special name, and practice according to an exclusive dogma.

As well might we have a separate school for the followers of Pasteur or Koch. What is really true and useful in the system of Hahnemann has been already accepted by the world, and as Dr. Searle has shown in his able article, in a late number of your journal, "will endure."

Feeling certain that there are so few who really practice any exclusive system of therapeutics, I think that the *Times* in dropping the word homœopathic from its title page, has made a move in the right direction.

May the time speedily come when all doctors in medicine shall labor together, and the word "pathy" be forgotten.

Very truly yours,

J. SAVAGE DELAVAN, M.D.

ALBANY, N. Y., January 14, 1885.

[ED. NOTE.—Dr. T. G. Comstock writes as follows: "Every thing you have written regarding the position of homœopathy in science and art suits me. The points in Dr. Searle's recent articles have been in my mind for the past 20 years."]

### SPIROMETRIC RECORDS.

To the Editors of the *N. Y. Medical Times*:

In an article in the November, 1884, No. of the *Times*, Dr. J. W. Dowling makes mention of the vital capacity of the lungs of several patients suffering from heart trouble.

These spirometric records are valueless, because, first, the particular instrument used in taking the measurements is not named, and second (as I have shown elsewhere), all the so-called spirometers used, differ, and are all incorrect.

Dr. Dowling's cases are four in number: *First*, a man with a capacity of "300 cubic inches, being nearly 50 cubic inches above the average of his height"; *Second*, a man with "vital capacity normal—250 cubic inches"; *Third*, "a vital capacity of 270 cubic inches, about thirty-five cubic inches more than the average for his height"; *Fourth*, "vital capacity about normal (220 cubic inches)."

From its well known inaccuracy, it is not probable that Burt's instrument was used. It is most likely the doctor used a Marsh bag, as it is approximately the most perfect instrument in use. The old Hutchinson water meter is semi-obsolete and much less likely to have been used than even the dry meter of Barnes. It is quite probable, then, that either the Marsh bag, or Barnes' meter, was the instrument used in Dr. Dowling's tests; we will therefore assume one of them to have been used and compare these instruments with a mathematically correct test cylinder which I have had made.

Dr. Dowling's first case had a capacity of 300 cubic inches: if Barnes' meter was used the real capacity was 179.58 cubic inches; and if the Marsh bag was used the real capacity was about 286 cubic inches.

In the second case of 250 cubic inches, if obtained from Barnes' meter, the correct capacity would be 144.75 cubic inches; and if the Marsh bag was the meter the true number should be about 245 cubic inches.

In the third case, with a vital capacity of 270 cubic inches, if registered by Barnes' meter the correct measurement would have been 159.76 cubic inches; the Marsh bag would have given within a cubic inch or two of the same capacity (270 cubic inches).

The fourth case of 220 cubic inches capacity, if registered by the Barnes' instrument, would have given a true capacity of 129.13 cubic inches; and if the Marsh bag was used the true capacity would be about the same number of cubic inches as those here indicated.

As it is an impossibility to obtain a correct spirometer or a correct comparative table of measurements of vital capacity, without a considerable degree of trouble on the part of the experimenter, I most willingly append a mathematically correct tabulation of vital capacities arranged in comparison with both the Barnes and Marsh registers. With this correct table it will be no task to make a perfectly certain computation of the patient's vital capacity with either of the above mentioned instruments.

BARNES' METER.	THE MATHEMATICALLY CORRECT CYLINDER.	BARNES' METER.	THE MATHEMATICALLY CORRECT CYLINDER.
10 cubic in. —	10.81 cubic inches.	260 cubic in. —	154.96 cubic inches.
20 " " —	19.22 " "	270 " " —	159.76 " "
30 " " —	20.42 " "	280 " " —	166.97 " "
40 " " —	28.83 " "	290 " " —	169.97 " "
50 " " —	35.03 " "	300 " " —	179.58 " "
60 " " —	37.33 " "	310 " " —	186.19 " "
70 " " —	43.84 " "	320 " " —	194.00 " "
80 " " —	48.05 " "	330 " " —	194.60 " "
90 " " —	57.66 " "	340 " " —	206.61 " "
100 " " —	62.46 " "	350 " " —	219.82 " "
110 " " —	64.86 " "	360 " " —	221.63 " "
120 " " —	73.27 " "	370 " " —	231.54 " "
130 " " —	79.28 " "	380 " " —	232.44 " "
140 " " —	87.09 " "	390 " " —	236.64 " "
150 " " —	91.29 " "	400 " " —	242.35 " "
160 " " —	97.70 " "	410 " " —	247.45 " "
170 " " —	98.50 " "	420 " " —	249.86 " "
180 " " —	105.71 " "	430 " " —	260.37 " "
190 " " —	112.61 " "	440 " " —	261.88 " "
200 " " —	118.92 " "	450 " " —	273.88 " "
210 " " —	123.72 " "	460 " " —	274.65 " "
220 " " —	129.13 " "	470 " " —	287.6 " "
230 " " —	134.54 " "	480 " " —	285.47 " "
240 " " —	144.15 " "	490 " " —	286.67 " "
250 " " —	144.75 " "	500 " " —	278.69 " "

  

MARSH'S BAG.	CYLINDER.	MARSH'S BAG.	CYLINDER.
9 cubic in. —	8.40 cubic inches.	116 cubic in. —	117.74 cubic inches.
12 " " —	12.02 " "	135 " " —	134.54 " "
17 " " —	16.21 " "	155 " " —	154.36 " "
22 " " —	20.42 " "	180 " " —	178.98 " "
29 " " —	27.62 " "	205 " " —	203.61 " "
37 " " —	35.43 " "	233 " " —	233.04 " "
46 " " —	45.64 " "	264 " " —	260.67 " "
57 " " —	56.45 " "	272 " " —	271.48 " "
69 " " —	69.07 " "	287 " " —	285.89 " "
83 " " —	83.48 " "	332 " " —	326.74 " "
98 " " —	99.70 " "	371 " " —	354.36 " "

Should the irregular progression of the record, in the testing of Barnes' meter, and the retrogression of the cylinder-registration near the end of the scale—between 273.88 and 278.69 cubic inches—be critically noted, I have no explanation to offer, further than the statement that, as the cylinder is a mathematical instrument and the Barnes' meter is not, the irregularity must depend upon the latter. With the above tables, I hope the report of indefinite and incorrect spirometric records in the columns of this journal will be of rare occurrence in the future.

Yours respectfully,

ELDRIDGE C. PRICE, M.D.

BALTIMORE, MD., Jan. 12, 1885.

### THE NATIONAL HOMŒOPATHIC FAIR AT WASHINGTON.

To the Editors of the *N. Y. Medical Times*:

THE National Homœopathic Fair is over. It may be interesting to those of our professional brothers who are always ready to aid in the advancement of our cherished system of medicine to know that the Fair was a great success. It was



a great effort, which brought a moral as well as a financial triumph. To understand our moral triumph, one should be aware of the mortal struggle that has gone on for years between the two schools in the Capital of the United States. The old school struggling for supremacy, homœopathy for equality. While homœopathy has her struggle everywhere, yet nowhere is it so sharp and so well-defined as in the Capital of the nation. Bureaucracy is its mortal enemy at the seat of government. The army, the navy, the marine hospital service are solidly arrayed against it. A victory here, therefore is a national victory in its amplest sense.

I tried to impress the profession with this fact when I made my appeal in behalf of the National Homœopathic Fair, reminding my colleagues that we were now asking legislation from Congress, and that a homœopathic national demonstration at the Capital at this time would create so favorable an impression as to awaken a greater interest in this science which is asking for governmental recognition and for fair treatment. Over three thousand circulars and two hundred personal letters have I had delivered to members of our profession, but no more than fifty have responded or even written a word of encouragement. This was not only disheartening but mortifying. Yet our local efforts, aided by the few public-spirited and large-souled physicians of the States, have been such as to enable us to organize a fair which brought the encomiums of the press, without an exception, and forced the enemies to acknowledge that homœopathy is a power commanding the intelligence of the people.

We realized four thousand dollars net by the Fair, which may seem but little to richer communities, but which is great in this poverty-stricken city. The National Homœopathic Hospital will go on, for we strive for its existence, and if Congress does not help us the responsibility must fall on the laggards, who, satisfied with the fullness of their own manger, would not give a bone or a thought that the great body of the profession might live, and that justice and honor might be done to the very profession which yields them the plenty they enjoy.

TULLIO DE SUZZARA-VERDI, M.D.

## OBITUARY.

### R. E. CARUTHERS, M.D.

DR. CARUTHERS graduated at the Hahnemann Medical College, Philadelphia, class of 1873. He located in Allegheny, Pa., and, with the exception of about one year, continued in practice there until his death, which occurred on January 5.

He was one of the visiting physicians of the Homœopathic Hospital in Pittsburgh and a member of the American Institute, State and County Societies, in the latter serving as Secretary and President and in the State Society as Corresponding Secretary. His efficient work in the latter position is well known to the profession at large. The transactions of the State Society issued under his directions are models of careful and painstaking editorship. He had just finished and issued the Transactions of 1884 when he was taken sick, and the additional work required to prepare this volume undoubtedly added very materially to the severity of his disease. The first onset of the disease was pneumonic in character, which was complicated later with typhoid conditions.

It was the good fortune of the writer to know Dr. Caruthers intimately for several years. Our intimacy was more than a professional one and savored much of school-boy days, for there was not a day of this time that we were not in social intercourse.

Modestly reserved by nature, it was difficult for those not intimately associated with him to appreciate his devotion to and his enthusiasm in his work and his strict professional integrity. Under no circumstances would he have been guilty of the slightest covert act to win his way into a family as professional attendant. It happened, as it often does to modest merit, that his early professional career was somewhat discouraging and difficult, but the converse rule being also true, that right will win, his prospects were of the brightest when death came upon him. Those who once employed his professional services never regretted it, for his ready sympathy, his devotion to and interest in his patients, and his upright moral and professional conduct won the esteem and finally the love of all.

He leaves a mother, wife and three children to bemoan the loss of a dutiful and faithful son, and a most affectionate and considerate husband and father. To them our sympathies go out and we join with those who knew him, socially and professionally, in the hope and prayer that the Great Physician will lighten their burdens, soothe their wounds and give them peace and comfort.—[T.M.S.]

## TRANSLATIONS, GLEANINGS, ETC.

### NEUROSES OF THE GENITO-URINARY ORGANS.

BY PROF. ROBERT ULTZMANN, OF VIENNA.

Translated by W. Storm White, M.D.

#### FIRST ARTICLE.

THE neuroses of the genito-urinary apparatus belong to the more frequent forms of disease. Although an individual nervous disease of the urinary tract or of the genital organs may occur, still it is more often the case that several forms of nervous disease affect the patient, produced by the same etiological cause, and it appears most rational to describe the nervous conditions of both systems together.

The causation of these forms of disease may be very varied. Sometimes it is due to local changes in the so-called neck of the bladder (prostate), and at others a general disturbance in nutrition.

The general disturbances in nutrition sometimes occur in the course of chronic affections of the brain or spinal cord, or they originate in those increased morbid reflex activities which are occasionally inherited and congenital, and are usually associated with anæmia and under-developments of the body.

However, normally-built individuals may develop this increased reflex activity which predisposes to neuroses of the genito-urinary organs, if they have persistently over-exerted themselves physically, or especially if they have weakened their organisms by excessive mental activity for any considerable period of time. We not unfrequently find a nervous urging to micturition (cystospasmus) in persons who have exhausting night work, or in persons who, besides having excessive mental occupation, hold very responsible positions, as cashiers, secretaries, etc. The striving after daily bread frequently produces various neuroses in the urinary tract. A sudden shock to the whole nervous system, a great fright, pain, or sorrow, also produces neuroses of both the urinary and genital systems.

We can observe the immediate influence of the central nervous system upon the urinary apparatus in children when they involuntarily wet themselves through the fear of a threatened

punishment. Similarly, we find a frequent urging with polyuria occurring in persons who are subjected to a long-continued mental strain, as candidates before and during difficult examinations, if the result is doubtful, or in persons who have entered upon speculations where the result is questionable. Unexpected great losses of fortune, such as sometimes occur in unfortunate exchange operations, or the death of a beloved person, can also produce the most varied neuroses in the genital and urinary apparatuses. Not unfrequently I have seen frequent urging, polyuria, and even glycosuria, impotence, pollutions and spermatorrhœa suddenly develop in tradespeople on meeting heavy losses.

A far more frequent cause of neuroses is found in those lesions which produce local changes in the urinary apparatus, and they are therefore classified as reflex neuroses. The gonorrhœal process produces the most disastrous effects, in this respect, on the urethra and prostate. A gonorrhœa which takes a normal course begins at the meatus externus and ends at the commencement of the sphincter vesicæ externus. If an abnormal course is taken and the disease passes the isthmus urethræ, the prostate becomes severely affected, a catarrh appears, and should the catarrh become chronic, the most varied forms of neurosis are gradually developed, sometimes in the genital and at others in the urinary tract. Similarly, local hyperæmia and prostatic catarrh, after great excesses in venery and after onanism. In such cases the hyperæmia in the pars prostatica, and particularly in the caput gallinaginis, is so long continued through protracted and too frequently repeated sexual excitement, that it finally becomes localized as a chronic phenomenon, and a catarrhal condition is developed in the ductus prostaticus, vesicula prostat., and in the duct. ejaculator. The hyperæmic and chronic inflammatory phenomena in the prostate sometimes also produce general reflex irritability, with excessive nervousness in men, such as usually occur only in exceedingly hysterical women. As the greater proportion of nervous and hysterical conditions in women are produced by abnormalities of the uterus, accompanied by cervical catarrh, we are not surprised when men, who are suffering from chronic hyperæmia or inflammatory processes in the prostate, present similar nervous conditions, as the prostate and utriculus masculinus are the organs in the male which are analogous to the female uterus.

The closer relationships between the nervous system and functions of the genito-urinary tract are very little understood, still we know, for example, that the centre for the nerves which regulate erections is to be sought in the lumbar portion of the spinal cord.

The production of spermatozooids, of motions in the vas deferens and seminal vesicles are under the influence of the spinal cord.

The prostate and the uterus are supplied from the same plexus of nerves—the plexus hypogastricus of the sympathetic, which is reinforced by fibres from the ganglia sacralia and the plexus pudendalis of the nerves of the hip, supplies, by means of its anastomoses, the plexus uterinus to the uterus in woman and by the plexus vesicalis supplies the bladder, seminal vesicles and prostate in the male. According to Kilian, large numbers of nerves are found in the cervix, and according to Klein large numbers of nerve trunks exist in the prostate between the sphincter urethræ and the circular striated muscle fibres of the cortical layer, which go upward as far as the urethra and have numerous ganglionic cells scattered between their fibres. In the cortical layer of the prostate we also find ganglia and Pacinian corpuscles, which are elsewhere found only in exceedingly sensitive organs. As the plexus hypo-

gastricus of the sympathetic is in intimate connection with the plexus pudendalis from the spinal cord, this latter presenting a secondary plexus of sacral nerves, which is itself most closely connected with the lumbar nerves, it can be easily understood why neuroses of widely varying types may be produced in the genital and urinary organs, when, in such highly nervous organs as the uterus and prostate, the peripheral nerve terminations are kept constantly irritated by chronic inflammatory processes, through the reflection of the irritation from these to the nerves of other parts to which they are supplied by anastomoses. In exactly the same manner, helminthiasis, oxyuris vermicularis, eczema and catarrhal ulceration of the anus produce neuroses in the genito-urinary tract, as does also, especially, a general reflex irritability.

We find but very few anatomic-pathological data in these conditions. Kaula collected many such results from autopsies, and, as organic changes, sometimes found the results of chronic inflammation, sometimes united with suppuration, in the pars prostatica urethræ, which extend to the ductus ejaculatorius and the vesiculæ seminales, sometimes alterations of the ductus ejaculatorius, widening of its opening and dilatation of its lumen, sometimes strictures, inflammations of the neck of the bladder, total or partial hypertrophy of the prostate, or, on the other hand, atrophy of that organ.

THE URINE in neuroses in general, and especially in those of the genital and urinary organs, is sometimes so characteristic as to give very important support to the diagnosis, and therefore requires special study. In the first place, we remark that patients complaining of neuroses not infrequently suffer from polyuria. They micturate frequently, without pain or complaint except that they pass too much urine. In accordance with the polyuria, the urine has a light specific gravity (urina spastica, nervosa diluta).

Sometimes, however, we find an increased amount of urine without a proportionate reduction in the specific gravity. There is an increased exudation of solids, a diabetes insipidus. I observed such a case in an anæmic nervous boy, aged thirteen years, who passed seven liters daily of colorless, almost water-like urine, having a specific gravity of 1.005, giving the quantity of solids for twenty-four hours as eighty-one grammes. The patient was always thirsty, and at any time could pass from 400 to 500 c.c. of urine. There was no sugar present.

It has been known, since the time of Claude Bernard, that a puncture in the floor of the fourth ventricle, in the narrow circumscribed space between the origin of the nervi vagi and that of the nervi acustici, produces polyuria and glycosuria. It has also been found that certain alterations in the central nervous system are associated with polyuria and glycosuria.

If the puncture failed in producing glycosuria, still it was generally followed by polyuria. Therefore we frequently find polyuria in patients suffering from diseases of the central nervous system. Lechorché and others have found that an increased exudation of the nitrogenous elements of the urine—that is to say, an azoturia or a diabetes insipidus—runs intercurrently with diabetes mellitus, and I have repeatedly had opportunity to observe lighter forms of diabetes mellitus which could be cured by an exclusive meat diet, and in the so-called cured state continued to excrete more urea and uric acid than normal,—that is, they still suffered from azoturia. In one diabetic patient passing four litres in twenty-four hours, with five per cent. of sugar, the latter vanished under an exclusive meat diet; still the amount of solids in the urine was one hundred grammes or one-third more than normal.

The explanation of polyuria in neuroses cannot always be made in the same manner, still a nervous irritability manifests itself in most cases. In his experiments on animals, Claude Bernard found that the puncture of the ventricle was always followed by marked hyperemia of the intestines. Oliguria, or lessening in the quantity of urine, and anuria are much less frequently found in neuroses. I have only found two cases of anuria in those having no discoverable disease of the kidney and during comparative health of the individual, and both of these were hysterical females. In both, I could only draw off very little urine at a time with the catheter. The anuria lasted from one to two days. Benedict, however, claims to have observed an anuria lasting eight days in an hysterical woman. I have never seen nervous anuria in the male.

Not unfrequently a small amount, or even over two per cent., of sugar is found in the urine of patients with neuroses. In one patient suffering from impotence and general reflex irritability, I found over two per cent. of sugar. Further, a slight glycosuria, lasting days or even weeks, develops after severe mental affections.

I have also observed a small quantity of sugar in the urine of persons suffering from chronic diseases of the brain and cord. Leudet found sugar in the urine in the most different forms of cerebral diseases. Sugar is also temporarily present after falls on the head, and after certain medicines (curare, morphine).

A slight symptomatic glycosuria, transient in its duration, therefore not unfrequently appears in diseases of the nervous system, and is by no means as important as that occurring in diabetes mellitus. I know an old gentleman who had three per cent. of sugar, some ten years ago. He had no further diabetic symptoms, and repaired every year to Karlsbad. A paralysis of the bladder gradually developed, and three years ago sudden retention occurred. When I was consulted, three years since, I found no sugar, nor have I up to the time of his recent death from nephritis interstitialis. In this case the glycosuria seems to have been connected with the development of the paralysis of the bladder.

That glycosuria of a lighter grade is found in diseases of the liver and portal circulation is a clinical fact which does not belong among these conditions. In neuroses the urine is frequently voided neutral, or even weakly alkaline, without the patients having used either alkalies, mineral waters, or anything else which would account for the alkalinity. These urines are usually pale straw yellow, clear, and are slightly turbid only when the alkaline reaction is strongly marked.

Carbonate of ammonia, the alkali usually found in alkaline urine, is not present. On the contrary, we find a fixed alkali, usually carbonate of sodium. Cazeneuve and Livon found that they could always produce an alkaline urine in dogs by section of the cervical portion of the spinal cord. According to Maly, the acid reaction of the urine is thus produced: the acid salts are separated out, by endosmotic processes, into the uriniferous tubules, from the alkaline reacting mixture of inorganic salts as they are found in the blood serum.

According to the secretion theory, as taught by Baumann, and later by Heidenheim and Wittich, the renal epithelium is the structure which throws the solid constituents into the urine. In accordance with this view we can assume, as Kühne has already done, that the kidney epithelium produces the acid urine from the alkaline blood. In any event, the secretion of urine is directly under nervous influence, as we have been able to demonstrate; therefore, it would not astonish us if a neutral or even an alkaline urine should be produced, espe-

cially when a disturbance or alteration in the secretion of urine is presented in neuroses.

A natural result of the neutral or alkaline reaction of the urine is that such urine becomes turbid and milky on heating, from the precipitation of earthy phosphates.

Heller has observed this, and describes it as a characteristic phenomenon in diseases of the nervous system. He calls these earthy phosphates obtained by heat "bone-earth," because the precipitate has the same chemical composition as that found in bone ash. Phosphoric acid, in accordance with its combining equivalents, forms three classes of salts with lime and magnesia: First, an acid salt, in which one equivalent of acid receives one of the base. These are easily soluble and always found in acid urine. Then basic salts, where one equivalent of the acid receives three of the base. They are insoluble and found in alkaline urine as an amorphous sediment. Finally, neutral salts, where each equivalent of acid receives two of the base. These salts are dissolved with difficulty, and are found in neutral urines. If they are in solution in neutral urine, we can cause them to precipitate by simply heating the urine. If they are in sediment they are crystalline, thus distinguishing them from basic earthy phosphates. As heating the urine also coagulates albumen, we must not neglect to differentiate these white precipitates by adding a drop of acetic acid. The earthy phosphates are immediately redissolved, while the albuminous cloud remains permanent. If the cloud redissolves with the evolution of much gas, it was composed of carbonic and phosphatic earthy alkalies; if it redissolves without the formation of gas, it consists of phosphatic salts.

**HYPODERMIC USE OF KAIRINE AS AN ANTIPYRETIC.**—Dr. Queirolo (*Gazz. degli Ospitali*, No. 101), from a series of observations undertaken by himself, concludes as follows:

1. Kairine by hypodermic injection produces a lowering of the temperature more rapid, more enduring, and more marked than when taken by the mouth.
2. In order to produce this fall in temperature, the hypodermic method does not require such large or such frequent doses as the ordinary methods.
3. The hypodermic injection of kairine is exempt from all inconveniences and all local accidents. Kairine is soluble in warm water, and may be given in doses of from one to fifteen grains.

**THE THERMO-CAUTERY IN THE TREATMENT OF ANAL FISTULE.**—Dr. E. Farcy recommends the thermo-cautery in the treatment of fistula in ano, and draws the following conclusions as to its advantages:

1. The operation is rapidly performed, and several fistulous tracts may be operated on at the same time.
2. Chloroform is unnecessary, and there is no danger of primary or secondary hemorrhage, as by other methods.
3. By this method the vitality of the tissues is excited, and there is only moderate suppuration. The wound is protected from the direct influence of the air before suppuration sets in.
4. There is no fever, no erysipelas, no phlegmons or purulent infection, no relapse, and the cicatrix is linear. It is, therefore, the best method for operating in these cases.

**DIFFERENT USES OF COCAINE.**—Freud, in *Lyon Medical* summarizes the indications for this drug as follows: 1. As a stimulant in cases of bodily exhaustion. 2. In digestive troubles. 3. In the cachexia. 4. As a remedy in the treatment of the morphine and alcohol habits. 5. In asthma. 6. As an aphrodisiac. 7. To induce local anæsthesia.



**PROFESSIONAL LIPOMA OF PROSTITUTES.**—The following remarkable report is found in the *London Medical Record*, taken from the *Russkaja Meditzina*, No. 13, 1884. Dr. Preis, of the Charkov hospital for venereal women, describes what he calls "*lipoma diffuso-circumscriptum professionale*," to the existence of which in prostitutes, his attention was first called by Dr. Porai-Koshitz, of Charkov. The tumor was present in one hundred and forty-five out of two hundred and seventeen prostitutes living in Charkov brothels, and is invariably situated in the region of the sixth and seventh cervical vertebrae, its growth always starting from the spot exactly over the spinous process of the vertebra prominens. Its size varies from that of a nut, to that of a large apple, the diameter of its base varying between two and twelve centimetres. Its shape is hemispherical or semi-oval, with a flattening in the middle. The surface is smooth, the skin tense and adherent, sometimes pigmented but otherwise normal. On palpation the tumor is somewhat firm, elastic, movable, painless. Its development begins soon after the woman has entered the profession of a prostitute, and proceeds pretty rapidly. Dr. Preis thinks that this tumor is a lipoma resulting from hypertrophy of the fatty tissue normally present in the situation mentioned above, and that its development is caused by local mechanical irritation. The latter is given in the form of pressure, to which the spinous process of the seventh cervical vertebra is specially subjected during coition, when the woman lies on her back, with her head flexed, so that the upper part of the back and the lower posterior part of the neck form an angle, the apex of which is the seventh cervical spinous process. In all movements of the pelvis and limbs during the sexual act, the body's weight rests upon this region. Hence tall and well-nourished prostitutes are more liable to the development of professional lipoma than short and meagre women. The author and Drs. Porai-Koshitz and Bellin were unable to detect this tumor in non-prostitutes. Syphilis seems to have had no connection with the development of the tumor, since of one hundred and forty-five prostitutes possessing the lipoma, seventy-five never had any venereal disease.

**THE EXTERNAL APPEARANCES OF PISTOL-SHOT WOUNDS.**—Dr. D. B. N. Fish publishes a very interesting and useful article on this subject in the *Boston Medical and Surgical Journal*, October 2, 1884, which he thus summarizes:

The distance at which a pistol-shot has been fired may be estimated by the following general rules:

1. From a great distance the entrance wound will usually be large and irregular; there will be absence of any great lividity of its edges, and absence of the marks of powder. The wound of exit, if one is present, will usually be larger than the wound of entrance. At any distance the edges of wounds of entrance will usually be inverted, those of exit everted.

2. From a short distance the entrance and exit wounds will generally be nearly equal in size; the edges of the former will be blackened, and powder grains will be imbedded in the skin, but there will be absence of the scorchings and brandings of powder.

3. Close to the body the entrance wound will generally be larger than the exit. There will often be, in addition to the tattooing of the skin by unburned grains of powder, a mark or brand made by the flame of the gases and of the burning powder, by the soot of the partly burned powder, and by the residue or ash of the wholly burned powder. As a rule, this brand, which may consist of a burning alone of the hair, the skin, or the clothing, or of a burning or blackening of the skin or clothing, will appear at one side of the bullet hole.

The direction of a shot will be shown in part by the trajectory of the ball—a subject of which this paper does not treat—and by the location of the wound of entrance. The character of the opening, whether rounded or oval, may give some indication of the angle at which the weapon has been held.

The position of the weapon (and whenever this term is used I wish to be understood to mean not its angle to or distance from the body, but the manner or position in which it is held with its hammer and sight above the barrel, as in the usual position for firing, or with the hammer and sight below the barrel, as when the weapon is turned up side down, or in any position of the barrel and sight relative to the barrel of the weapon) is to be determined by the following rule: When the brand appears upon the hair, the skin, or the clothing at one side of the bullet hole, hold the weapon with its muzzle to the bullet hole so that the line of its hammer and sight will meet a line drawn from the centre of the bullet hole through the centre of the brand, and it will show the exact position of the weapon when fired.

This rule is deduced from the newly-discovered fact that, owing to the recoil of the muzzle of the weapon in the direction of its sight, this brand, when it appears at one side of the bullet hole, will appear upon that side which corresponds to the side of the hammer and sight in their positions relative to the bore or barrel of the weapon. That is, if the weapon is held upside down the brand will appear below the bullet hole.

*Accidental wounds* are generally near wounds. When inflicted from a distance they cannot be easily distinguished from homicidal wounds. In shots fired near by, when a person is known to have been shot while standing, an unnatural position of the weapon, as shown by the location of the brand, will tend to corroborate a claim of accidental shooting.

So, if one is known to have shot himself, an unnatural position of the weapon will show that the wound was probably accidental. The location of the wound and the course taken by the ball may also characterize the wound as accidental.

*Homicidal wounds* inflicted within the suicide limit have heretofore been distinguished from suicidal wounds alone by the location of the wound and by the uncertain evidence presented by the trajectory of the ball. When the location of the wound has been such that a person might easily have inflicted it upon himself, there have been no means of determining from its character whether it was homicidal or suicidal. To aid in distinguishing between such wounds I offer the following rule: When the location of the brand, relative to the bullet hole, shows that the weapon has been held in a position of its hammer and sight impossible or improbable for a suicide, it is probable that a murder has been committed. Certain relative locations of this brand may also indicate that the victim has been shot while in a reclining position.

Multiple wounds are usually homicidal, but may be either accidental or suicidal.

Shots fired beyond the usual suicide limit are probably homicidal.

*Suicidal wounds.* It is said that the suicide rarely holds the muzzle of his pistol at more than eight inches from the body. Suicides generally fire at the sides or front of the head, next at the heart; they sometimes fire at the back of the head.

The distance from the body at which the weapon must be held to show the brand plainly is probably very nearly as follows: for small pistols and revolvers, not over four to six inches; for large weapons of this class not over twelve to fourteen inches.

"CATCHING COLD."—If most persons outside of the medical profession were to be asked what they considered as chiefly to be avoided in the management of sick people, the answer would probably be "catching cold." I suspect that this question would be answered in the same way by not a few physicians. Hence it is that sick-rooms are poorly ventilated, and patients are oppressed by a superabundance of garments and bed-clothes. The air which patients are made to breathe, having been already breathed and rebreathed, is loaded with pulmonary exhalations. Cutaneous emanations are allowed to remain in contact with the body, as well as to pervade the atmosphere. Free exposure of the body is deemed hazardous, and still more so bathing or sponging, the entire surface of the body being exposed. Patients not confined to the bed, especially those affected with pulmonary disease, are overloaded with clothing which becomes saturated with perspiration, and is seldom changed for fear of the dreaded "cold."

These sketches are from life, and the observations of every medical practitioner furnish real illustrations. The supposed morbid agency of cold is a traditional error deeply rooted in the popular mind; it interferes often, in no small degree, with the satisfactory management of cases of disease. It is an obstacle in the way of securing for patients hygienic conditions, the importance of which may be greater than that of drugs. It is obstructive to the adoption, in cases of fever, of the antipyretic treatment, which is, perhaps, the most important of the improvements in modern therapeutics. How reluctant are physicians, on account of traditional ideas, to make trial of either the cold affusion of Currie, the cold bath, the wet sheet, or even sponging of the body, in cases of pneumonic fever, although testimony is ample to the safety and utility of these measures of treatment. Of those who are convinced of the safety and utility of these measures, how many hesitate to resort to them, lest, if the termination be fatal, the death might be attributed to a therapeutic innovation so opposed to popular prejudice!

A reform is greatly needed in respect to "catching cold." Let the demon be exorcised first from the medical, and next from the popular, mind: let it be generally known and believed that few diseases are referable to the agency of cold, and that even the affection commonly called "a cold" is generally caused by other agencies; or perhaps by a special agency, which may prove to be a microbe; let the axiom, "a fever patient never catches cold," be reiterated until it becomes a household phrase; let the restorative influence of cool, fresh, pure atmosphere be inculcated; let it be understood that in therapeutics, as in hygiene, the single word *comfort* embodies the principles which should regulate coverings and clothing. Non-medical therapeutics will have gained much when this reform is accomplished.—AUSTIN FLINT, SR., *New York Medical Journal*, November 29, 1884.

COCA.—Squibb's Ephemeris says the difficulty of getting a good article of this drug is so great that he has abandoned the manufacture of the fluid extract and substituted an extract of tea. Frazer, of No. 208 Fifth avenue, is manufacturing an exceedingly fine article of coca wine, the drug being combined with a very pure claret in such a way that its full medicinal action is obtained in a preparation agreeable to the taste.

LIVER SPOTS.—This annoying trouble known as "*tinea vesicolor*," yields readily to sulphur. A good preparation is the hyposulphide of sodium, one drachm to the ounce of water, with which the parts are bathed.

ON FAT EMBOLISM.—By fat embolism is meant a plugging of small arteries by minute drops of fluid fat which, having been set free somewhere in the periphery, are carried into the venous circulation and thence distributed to various parts of the system. Inasmuch as the capillaries of the lungs offer the first lodging-place, fatty embolism of the lungs is that which is oftenest met with, and consequently recognized and studied; but a similar condition of affairs may obtain in the brain, choroid, kidneys, or other parts, provided only that there have been sufficient *vis a tergo* to force the fat globules through the pulmonary capillaries and into the systemic circulation.

In the light of numerous cases, and of careful experiments and pathological investigations, we are justified in formulating the following conclusions respecting this occurrence:

1. Fat embolism in varying degrees of severity is not an uncommon complication of surgical accidents and operations.
2. It may be so mild as to be lost sight of in the general condition of shock, or perhaps, more properly speaking, it is one factor of a condition of prolonged shock.
3. Our knowledge of the subject will be greatly increased when we appreciate the possibilities of its occurrence and observe our cases more closely, watching for the appearance of fat in the urine, or slight dyspnea, etc.
4. When prostration and loss of blood have been great, a moderate amount of embolic disturbance of this kind may serve to turn the scales against a patient who would otherwise have recovered.
5. By a proper understanding of this subject, certain deaths may be explained which otherwise seem inexplicable.
6. Treatment can only be symptomatic, but may accomplish something.
7. Autopsies should be so conducted as to reveal this condition when present.—ROSSELL PARK; *N. Y. Med. Jour.* Aug. 61, 1884.

AZOTURIA.—Dr. H. M. Farr, in the *Iowa State Medical Reporter*, June, 1884, after describing a few cases of protracted ill health, "presenting unusual features, not mentioned in some of our most comprehensive works on practice," adds the following "as a practical application of the subject:"

If you meet a patient whose strength is greatly reduced, whose spirits are depressed, who does not look emaciated, his appetite being good and his digestive organs healthy, who has had no fever or other discoverable disease sufficient to account for his great debility, and especially if he is surprisingly indisposed to take exercise and is strongly inclined to constant repose, and fears are in his way, take the specific gravity of his urine, and if high add nitric acid, and you will probably find a great excess of urea, which adequately accounts for the symptoms, and this will lead you at least one step in the right direction, in investigation of the case.

TREATMENT OF DIPHTHERIA WITH PAPAYOTIN.—Schaeffer reports (*Berlin. Klin. Wochen.*, No. 52, 1883), forty-seven cases of diphtheria which were treated with applications of a five per cent. solution of papayotin, and in almost all of them there was a rapid disappearance of the false membrane and simultaneous decline of the fever. Two of the cases were fatal, but the author considers that these did not receive the care which they required. In using this substance, the applications should be carefully made every ten or fifteen minutes. The great expense of papayotin is quite a drawback to its general use. On account of this objection, Ewald has recommended as a substitute pancreatine, in view of its albuminolytic properties.

A TWIN BIRTH WITH MEMBRANES INTACT.—Dr. A. M. Pratt reports this case in the *Pacific Medical and Surgical Journal* (July, 1884): I was called upon, about midnight, to attend Mrs. S. Her husband bade me hurry, as the babe was born. I found her on her knees on the carpet, the baby crying lustily. She informed me that, not feeling well, she had risen and was pacing the floor. As she had no pain, labor was entirely unexpected. Suddenly she had a furious pain, and not being able to step or stand, she dropped to the floor, and before her first and only pain had ceased the babe was born. While I was tying the cord, she quietly remarked that the afterbirth had come. I moved aside a fold of the night dress, and, instead of an afterbirth, I found a second infant, the membranes of which were intact. Both children are alive to-day. The odd features of the case are, that, for the first child there was but one pain; the birth of the second being without pain and unruptured membranes.

TEMPORARY BLINDNESS FOLLOWING CHILDBIRTH.—In the *Obstetric Gazette*, January, 1884, Dr. E. C. Bush reports a case of total blindness following labor. The patient was a strong woman, in her fifth confinement. The labor was short, easy, and was followed by no unusual hemorrhage. I was called to the case in about ten hours after delivery, and found the patient suffering from a severe headache and entirely blind. The headache was easily relieved, but the blindness continued for thirty-six hours, when she could see a light in the room, and from that gradually improved until the seventh day, when she could see as well as ever.

### MISCELLANY.

—A writer in the *Weekly Medical Review* says: "I have collected every catarrh, asthma, and hay fever 'sure cure' that is in the market, numbering in all fifty-eight, and have carefully examined them. Eighteen of these 'sure cures' are bald-faced frauds. One ounce of quassia chips, a pound of table salt, and forty gallons of water will make one barrel of 'sure cure' that sells for \$1 a bottle, holding six ounces; the same quantity of water, a pound of muriate of ammonia, a pound of ground cubebs, and a little common potash will make another 'cure' that sells for fifty cents a bottle, holding four ounces. These two are the best of the eighteen frauds."

—The new code party has again carried the day in the Academy of Medicine by electing Dr. A. Jacobi, President (to succeed Dr. Barker); Dr. C. C. Lee, Vice-President; Dr. L. Elsberg, Secretary; Dr. A. L. Loomis, Trustee, Dr. A. S. Hunter, Member of Committee on Admissions; Dr. F. R. Sturgis, Member of Committee on Medical Education; Dr. A. H. Smith, Committee on Ethics, and Dr. E. D. Hudson Committee on Library. The profession especially in this State is making great strides toward greater liberality in its ethical relations, and in the modification of practice, and we may yet hope that the day may come when the public may not be so over-medicated, as in the past, and that the invisible and purely imaginary barriers between practitioners may find their level.

—Surgeon G. M. Sternberg (U.S.A.) says for the disinfection of ships, hospitals and dwellings no agent is likely to supplant sulphurous acid gas, produced by burning sulphur; for disinfecting clothing which can be washed, nothing better is known to science than the bichloride of mercury. The proportion recommended is one part to 1,000, or one gramme to the litre of water, or about one drachm to the gallon. Articles of clothing to be disinfected should be left in the solution for an hour or

two and then washed. For the disinfection of sputa and discharges from the bowels, a solution of corrosive sublimate of twice this strength (two grammes to the litre) and an equal quantity of permanganate of potassium is recommended. The last salt is added as a deodorizer and to give color to the solution so that it could not be mistaken for water.

—George G. Lane fell under a Sixth ave. car and received injuries from which he died. Coroner Martin held an inquest. When called upon to justify his course in refusing to send the injured man directly to his home, Charles S. Mack, the house surgeon of the Chambers Street Hospital, said that he was governed by what he thought was a rule which was not printed. This "rule" forbade the ambulance from taking patients beyond Thirty-fourth street, although printed instructions made it imperative that the wishes of patients be complied with. Mr. Lake was taken to the New York Hospital and thence to his house. Dr. Alexander B. Mott, who attended the injured man, testified that his chances for recovery had been impaired one-half by this dilatory action. The jury promptly returned this verdict.

"We find that George G. Lake came to his death from exposure and delay, following a compound fracture of the leg, received on December 12, by coming in contact with the wheel of a Sixth-ave. car. The jury find that such exposure and delay were caused by the failure of Dr. Mack, the house surgeon of the Chambers Street Hospital, to send the injured man directly to his home in an ambulance, as provided for by the hospital to which he was attached, and hereby censure him for failing to comply with said rule."

—The *London Medical Press* gives a list of "duly qualified practitioners" who act as shields and sign death certificates for a large batch of British quacks headed by a notorious dispenser of "blood medicine" who calls himself "the Rev. Mr. Silverton." This particular quack is said to have made a great deal of money, and pays liberally for "professional backing." The same sort of quacks are rapidly increasing in this country, and will require similar "backing." The greatest wonder is that so many people can be found willing to take up with such nonsense.

—The *Columbus Medical Journal* says: "Just as we go to press, we learn that a bill creating a Board of Examiners, similar to the one proposed for Ohio, has just passed both branches of the Virginia legislature, and is now a law."

The New York legislature is laboring with a similar bill. Its committee recently gave a hearing to the opponents of the bill, and mark who were there: The medical colleges of the State, including the disreputable United States Medical College, were there. "The World's Dispensary," of Buffalo, by its founder, "Dr." Pierce, he of the "favorite prescription," was there; and Warner's "Safe Remedy" Co., of Rochester, was there; significant gathering. A motley crowd, but with a common interest. If the quality of medical students is improved the quantity will diminish and the colleges suffer. If the quality of the doctors is improved, fewer of them will prescribe these nostrums, and the manufacturers will suffer. *Hinc illæ lachrymæ.*

But the fact stated above distinctly shows where these private corporations, yept medical colleges, stand. They have shown their hand and the profession at large must prepare themselves accordingly. *The colleges will oppose anything that conflicts with their pecuniary interests.*

There will be individual exceptions among the colleges, of course, but we have italicized the rule of action that will prevail with the vast majority."



—The *U. S. Medical Investigator* will be issued as a monthly instead of a weekly, hereafter.

—It is said that paraldehyde antidotes strychnia poisoning; a most important discovery, if true.

—The city physicians of Atlanta, Ga., receive the munificent salary of eighty-five cents a day and furnish their own medicine.

—The American Institute of Homœopathy will hold its next session in St. Louis, Mo., commencing Tuesday, June 2, at 10 A.M.

—A drachm of balsam of copaiba to an ounce of white vaseline forms an excellent application in chronic conjunctivitis.

—Brame recommends the oil of peppermint in burns. The burned surface is moistened with water and then painted over with oil.

—Dr. H. P. Gatchell has published and will send to applicants, a descriptive pamphlet of that popular health resort, Asheville, N. C.

—Dr. Merck, of Darmstadt, finds in helenium, commonly known as "sneeze weed," an excellent remedy for the night sweats of phthisis.

—Dr. R. Von Lendenfeld is said to have discovered histological elements having nervous functions in the sponges of the Australian shores.

—Dr. Weber, of Germany, has found in apomorphia, given in doses of one-twelfth of a grain, three times a day, an excellent remedy for chronic asthma.

—Twenty medical practitioners died in Naples, out of 139 engaged in attending cholera patients under the White Cross Society during the recent epidemic.

—Leprosy is increasing so rapidly in Honolulu that the Government is about to take action to prevent its spread. Experiments in inoculation will be made.

—Pasteur is making good progress with his hydrophobia prophylaxis, but he has not yet discovered the microbe upon which the poison is supposed to depend.

—It is said that if a stammerer will emit the sound with which the word "her" begins, before each word attempted to be uttered, he will soon be cured of his stammering.

—The next annual meeting of the State Homœopathic Society will be held in the Common Council Chamber City Hall, Albany, Tuesday and Wednesday, February 10 and 11.

—Fraene recommends in alkalinity of the urine benzoic acid, 75 grains, with a sufficient quantity of confection of roses to make fifty pills, of which from two to eight can be taken daily.

—Mr. Henry Tate, of Liverpool and Streatham, is to build a Homœopathic Hospital at Liverpool, to cost £10,000. The Committee of the Homœopathic Dispensary have the matter in charge.

—In order to avoid the persecution to which Dr. Fordyce Barker was recently subjected through the instigation of Dr. Flint, Jr., practitioners will hereafter wear their diplomas pinned upon their coat sleeves.

—Dr. Constantine Lippe died suddenly in this city, January 1, at the age of forty-five. Our sympathy is extended to his aged father, Dr. Ad. Lippe, who has been called upon to mourn the loss of a son and daughter within a short time.

—The Society for Promoting the Welfare of the Insane recently held its second annual meeting in this city. Dr. Amelia Wright is President, and M. Eugenia Berry Secretary, No. 115 E. 31st street. This Society is said to be doing excellent work.

—Dr. Kein and Dr. Gibbs of the English Cholera Commission, have made a preliminary report in which they deny the invariable presence of the comma bacillus in cases of cholera, and attach but little importance to the so-called discoveries of Koch.

—Dr. Matheson, Superintendent of the Deaf and Dumb Institute at Belleville, Canada, declares that among no fewer than 661 deaf-mute children who have been under his care, he has been unable to trace one instance in which the parents of his charges were similarly afflicted.

—Dr. Fleischl, of Vienna, has discovered still another use for cocaine chloride. He says that in doses of from one-twelfth to one-fourth of a grain, dissolved in water and hypodermically administered, it will cure morphinism, alcoholism and similar habits within ten days.

—The Japanese dentist does not frighten his patient with an array of steel instruments. All of his operations in tooth-drawing are performed by the thumb and finger of one hand. A skillful operator is able to extract a half dozen teeth in about thirty seconds without once removing his fingers from the patient's mouth.

—Dr. Sranberg, of Sweden, has used chloroform externally on the abdomen in cases of obstetrical operations, where the inhalation of chloroform was deemed unsafe. His mode of applying is by mixing chloroform and sweet oil in equal proportions, soaking a cloth in the mixture and applying it over the lower portion of the abdomen.

—The electrical verification of death has been revived by Dr. Buch, who finds that in the living subject the temperature rises appreciably at the surface of the muscle subjected to the action of an electric current, and also that this increase of temperature never occurs in a corpse under similar circumstances, even during a few hours after death.

—The London *Lancet* says that M. Schnetzler has communicated some observations to the Académie des Sciences which serve to illustrate the germicide qualities of formic acid. He has found that *Bacterium subtilis*, one of the most difficult micro-parasites to kill, dies when in the presence of formic acid. Even when this bacterium has resisted the action of boiling water for one hour, it may be instantaneously killed by formic acid; a drop of water containing a thousandth part of formic acid to a drop of water teeming with thousands of the bacteria, is sufficient to effect the purpose. The swarming fluid so treated may be introduced into the digestive tract with impunity. The author recommends the trial of formic acid on the cholera bacillus, and it may be suggested that its action upon *Bacillus anthracis* is equally deserving of experiment. If formic acid should be found to be capable of destroying the dried virus of charbon, provided this chemical agent does not injure imported wool—and in such a diluted state injury seems impossible—the suggestion that all imported wool be washed in weak solution of formic acid might be of value in preventing the occurrence of so fatal a disease as malignant pustule and its allies.